MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

01886

CERTIFICATE OF DEATH

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Middletown Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 38 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Middletown Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Glen Cora Alexander

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife George E. Alexander

6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1866

8. AGE: Years	Months	Days	If less than one day
73	3	23	____hrs. ____min.

9. Birthplace Middletown Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name John N. Brandenburg

FATHER 13. Birthplace Frederick Co. Md.

MOTHER 14. Maiden name Mary M. Altman

MOTHER 15. Birthplace Germany

16. Informant George E. Alexander

Address Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 10, 1940 (month) (day) (year)

Cemetery or crematory Reform Cemetery

Location Middletown, Md.

18. Funeral director Gladhill Co.

Address Middletown Md.

1940 Feb 10 (Date rec'd by registrar) 1940 D. Grayson Sawyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1940, at 7a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 25 1937, to Feb 8 1940, and that I last saw h-er alive on Feb 7 1940.

	DURATION
Immediate cause of death Coronary thrombosis	2/8/40
Due to Arteriosclerotic heart disease	5 yrs
Due to Hemiplegia Arteriosclerosis	8 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. Richard Todd M. D. or other

Address Middletown Md Date signed 2/9/40

RECEIVED
MAR 6 1930
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

101887

(93-d)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 139

Village or City Sabillasville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert A. Anderson If U.S. Veteran, specify WAR no

(a) Residence: No. Sabillasville St., Ward. (Usual place of abode) (no. Social Security no) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Katie M. Clark

6. DATE OF BIRTH (month, day, and year): Mch 22 - 1870

7. AGE: Years 69, Months 10, Days 21. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Pump Sta. Operator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: For Md State San.

10. Date deceased last worked at this occupation (month and year): Feb 40

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Sabillasville Md

FATHER

13. NAME: Thompson Anderson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Harbaugh

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Alvin A. Anderson Sabillasville Md

18. BURIAL, CREMATION, OR REMOVAL Place: Blue Ridge Thurmont Date: Feb. 15, 1940

19. UNDERTAKER (Address): M. L. Creager Son Thurmont Md

20. FILED 2/14, 1940 Chas E Shields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2 (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1930, to 2-13, 1940

I last saw him alive on 2-11, 1940, death is said to have occurred on the date stated above, at 1 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Angina Pectoris

Date of onset

Other Contributory Causes of importance: Chronic Myocarditis

Name of operation Date of

What test confirmed diagnosis? Objective & Subjective symptoms. Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. C. Bridges M.D.

(Address) Blue Ridge Summit Pa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d) Reg. Dist. No. 131

01888

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 557 East Church Street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 6 Yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 557 E. Church St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Imogene Frances Anderson

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of husband or ~~wife~~: Wm. Y. Anderson
6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Oct. 12-1878

8. AGE: Years 61 | Months 3 | Days 28 | If less than one day ____hr. ____min.

9. Birthplace Middletown Fred. Co. Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home

FATHER
12. Name Charles K. Coblentz
13. Birthplace Middletown Valley-Md.

MOTHER
14. Maiden Name Frances V. Routzahn
15. Birthplace Middletown Md.

16 (a) Informant Wm. Y. Anderson
(b) Address 557 E. Church-Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2-12-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick Md.

19 (a) 12-Feb-1940 (Date rec'd by registrar) (b) Dora L. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 9 1940, at 10.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1940, to Feb 9 1940, and that I last saw him alive on Feb 9 1940.

Immediate cause of death	Duration
Chr Myocarditis	3 years
Due to	
Due to	
Other conditions Pulmonary Edema, Cardiac Decompensation (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** H. L. Fahrney M D (M. D. or other)
Address Frederick Md Date signed 2-10-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

01889

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wilson Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Wilson Ave. R F D #3

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Henry Russell Appleby

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

B (b) Name of ~~husband~~ or wife: Margaret E. Carter

6 (c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): Oct. 25, 1861

8. AGE:

Years	Months	Days	If less than one day
78	3	16	____ hrs. ____ min.

9. Birthplace: Nr. New Market, Frederick, Md.
(Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER

12. Name: Henry Rufus Appleby,

13. Birthplace: Montgomery Co., Md.

MOTHER

14. Maiden name: Martha Bennett,

15. Birthplace: Montgomery Co., Md.

16. Informant: Mrs. H. R. Appleby

Address: Frederick, Md. R.D. 3

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 2/13/40 (month) (day) (year)

Cemetery or ~~crematory~~: Linganore Cemetery

Location: Unionville, Md.

18. Funeral director: M. R. Etchison & Son,

Address: Frederick, Md.

19. 12-Feb 1940 (Date rec'd by registrar) J. M. Leedy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 11th., 1940, at 10.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1939 to Feb 11th 1940 and that I last saw h~~e~~ alive on Feb 11th 1940.

Immediate cause of death: Coronary Occlusion — DURATION: 10 min

Due to: Arterio Sclerosis — 10 years

Due to: Myocarditis — 10 Years

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank H. Hedges, M. D. or other

Address: Frederick, Md. Date signed 2/12/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (121) Reg. Dist. No. 131

01890

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City~~ or town McKaig Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Frederick R.F.D. #7
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Dorothy Louise Baker

3 (b) If veteran, name war: No
3 (c) Social Security No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13 1925

8. AGE: Years 15 | Months 1 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Myersville - Frederick County, Md
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Harry Baker
13. Birthplace Myersville (Harmony) Md

MOTHER
14. Maiden Name Effie E. Summers
15. Birthplace Myersville, Md

16 (a) Informant Mrs. Effie E. Baker
(b) Address McKaig, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Church of the Brethren
Location Harmony, Md

18 (a) Funeral director Gladhill's Co.
(b) Address Middletown, Md

19 (a) 24-Feb-40 (Data rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 27 1940, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1940, to Feby 1940, and that I last saw ~~he~~ alive on Feb 23 1940.

	Duration
Immediate cause of death: Peritonitis	8 days
Due to: Gangrenous Appendicitis (Gangrenous Appendicitis)	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other
Address 5 W 2nd St Frederick Md. Date signed 2/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 5 1940
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

01891

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
~~City or town~~ rural Jefferson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town rural Jefferson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Frances Elizabeth Baker

3. (b) Social Security Number none

4. Sex: female
5. Color or race: white
6. (a) ~~Single~~, married, ~~widowed, or divorced~~: married
B (b) Name of husband ~~or wife~~ Lewis H. Baker
6(c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) Aug. 21, 1887

8. AGE: Years 52 | Months 5 | Days 26 | If less than one day ___ hrs. ___ min.

9. Birthplace Raleigh, N. C.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At home

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden name UNKNOWN
15. Birthplace Unknown

16. Informant Mr. L. H. Baker,
Address Jefferson, Md. R. D.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof 2 / 20 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Pleasantveiw Cemetery
Location Nr. Burkittsville, Maryland

18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. 20-Feb 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17th., 1940, at 2.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__ to ___ 19__,
and that I last saw her alive on Dead Feb 17 1940

Immediate cause of death Diabetes Coma — DURATION 12 hrs
Due to Diabetes mellitus — unknown
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. W. Baer Dept. Med. Ex. M. D. or other
Address Frederick, Md Date signed 2.17.40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-2)

01892

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 16 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Mt. Buxbrittsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Florence Barnes

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Female	white	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1857

8. AGE: Years	Months	Days	If less than one day
82	4	6	hrs. min.

9. Birthplace Middletown, Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER — 12. Name Hugh Barnes

FATHER — 13. Birthplace Middletown, Md.

MOTHER — 14. Maiden name M. Alexander

MOTHER — 15. Birthplace Middletown, Md.

16. Informant Ada Rhorback

Address Gapland, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 2/20/40 (month) (day) (year)

Cemetery or ~~crematory~~ Reformed.

Location Middletown, Md.

18. Funeral director Gladhill Bro.

Address Middletown, Md.

19. 20 Feby 1940 (Date rec'd by registrar) Chas. J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 9 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1939, to Feb 18 1940, and that I last saw her alive on Feb. 17 1940

Immediate cause of death	DURATION
Arteriosclerotic	
Heart Disease	5 yrs.
Due to Myocarditis	
Arteriosclerosis	10 yrs.
Due to	
Other conditions Unresolved	
pneumonia	34 days.

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Richard H. Todd, M.D. M. D. or other

Address Middletown, Md. Date signed 2/19/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 5 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 33-a

Reg. Dist. No. 138 01893

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town New Loudon
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 60 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa Elvira Barnes

3 (b) If veteran, name war ~

3 (c) Social Security No. ~

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Noah Barnes

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27th 1843

8. AGE: Years 96 | Months 5 | Days 13 | If less than one day ____hr. ____min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Jesse Franklin
FATHER 13. Birthplace Md

MOTHER 14. Maiden Name Ruth Lindsay
MOTHER 15. Birthplace Md

16 (a) Informant Miss Gertrude Barnes
(b) Address Mt Airy Md Route 1

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 13th 1940 (month) (day) (year)
(c) Cemetery or crematory Central
Location near New Loudon and

18 (a) Funeral director Powell & Allaugh
(b) Address Libertytown Md

19 (a) Feb 12 1940 (Date rec'd by registrar) (b) Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 10th 1940, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to Feb 10 1940, and that I last saw him alive on Feb 10 1940.

Immediate cause of death	Duration
Broncho Pneumonia	3 days
Due to Influenza	10 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest P. Roop, M.D.
M. D. or other
Address New Market, Md. Date signed Feb 12, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01894

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick.

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days) 3Mos 29 Days.

Stay in this community (yrs., or mos., or days) 3Mos 29 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2808 Harlem Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Pauline I Behlert

3. (b) Social Security Number: 218-05-3783

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 15 1919

8. AGE: Years	Months	Days	If less than one day
21	0	6	hrs. min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Waitress

11. Industry or business:

FATHER
12. Name: Bernard Behlert
13. Birthplace: Baltimore. Md.

MOTHER
14. Maiden name: Pauline Reger
15. Birthplace: Baltimore. Md.

16. Informant: Pauline I Behlert
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 21 1940 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem.

Location: Baltimore. Md.

18. Funeral director: Mary A. Gawthrop
Address: Pikesville Md.

19. 2/21/1940 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH: February 21 1940, at 4.55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 23 1939 to Feb. 21 1940, and that I last saw her alive on Feb 20 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	10 Mos
Due to Tubercle Bacilli	
Due to	
Other conditions Tuberculous Peritonitis Tuebrculous Laryngitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E Goodfellow M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed 2/22/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (180)

Reg. Dist. No. 131

01895

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days

(e) Length of stay in this community (yrs., mos., or days) 23mo.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or~~ town Rural nr. Feagaville (If outside city or town limits, write RURAL and give town)

(d) Street No. Frederick, Md. R. D. 4 (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Robert Edward Blank

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) Single, ~~married, widowed, or divorced~~ single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 16, 1938

8. **AGE:** Years 1 | Months 11 | Days 4 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Frederick, Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name William E. Blank

13. Birthplace Braddock Heights, Md.

MOTHER

14. Maiden Name Ethel M. Young,

15. Birthplace St. Marks, Md.

16 (a) Informant Mr. Wm. E. Blank,

(b) Address Frederick, Md. R. D. 4

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2 / 22 / 40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Pleasantview Cem.

Location Nr. Burkittsville, Md.

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Md.

19 (a) 20 Feb-1940 (Date rec'd by registrar) (b) Ira J. McGurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 19th., 1940 at 8/15 PM

21. I certify that death occurred on the date above stated; that I attended ~~deceased from _____ 19__ to _____ 19__~~, and that I last saw him ~~alive~~ dead on Feb 19 1940.

Immediate cause of death Burns of arms legs & bodies Hemorrhage from mouth

Due to when house caught on fire

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration: 1 day?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Feb 17 '40

(c) Where did injury occur? Frederick Co Md (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? _____

(e) Means of injury House caught on fire

23. Signature R. W. Baer Deputy Med Ex. (M. D. or other)

Address Frederick Date signed Md 2-19-40

VS. A15 (I) (T) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01896

CERTIFICATE OF DEATH

Reg. Dist. No. 130

1. PLACE OF DEATH:
County: Frederick
City or town: Doubs
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 82 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Doubs Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Mrs. Catherine May Blessing

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife: George W. Blessing
6(c) If alive, give age: 83 years

7. Birth date of deceased (mo., day, yr.): March 4, 1857

8. AGE: Years	Months	Days	If less than one day
82	11	13	hrs. min.

9. Birthplace: Doubs, Fred., Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At home

FATHER
12. Name: James D. Hood,
13. Birthplace: Middletown, Md.

MOTHER
14. Maiden name: Ann Jemiah Anderson,
15. Birthplace: Middletown, Md.

16. Informant: Mr. George W. Blessing,
Address: Doub, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 / 20 / 40 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Frederick, Md.

18. Funeral director: M. R. Etchison & Son,
Address: Frederick, Md.

19. 2-20-40 (Date rec'd by registrar) 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 17 1940, at 12:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1938, to February 17 1940, and that I last saw her alive on February 17 1940.

	DURATION
Immediate cause of death: Pulmonary Hemorrhage	12 hrs
Due to: Pulmonary tuberculosis	(?)
Due to:	
Other conditions: Arteriosclerosis, generalized	4yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles H. Conley Jr. M.D.
M. D. or other
Address: Buckeystown Date signed 2/17/40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46b) Reg. Dist. No. 131

CERTIFICATE OF DEATH

01897

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 248 East Third Street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 75 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 248 East Third Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Daniel Blumenauer

3 (b) If veteran, name war: None
3 (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Emma Mort
6. (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) June 4, 1858

8. AGE: Years 81 | Months 8 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Springfield, Illinois (Town, county, and state)
10. Usual occupation Laborer (retired)
11. Industry or business Retail lumber & millwork

FATHER
12. Name Michael Blumenauer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Maria Esterely
15. Birthplace Germany

16 (a) Informant Mrs. Myrtlen Wiles
(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Feb. 26, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 24-Feb-1940 (Date rec'd by registrar) (b) Dr. J. McSherry Registrar

MEDICAL CERTIFICATION

20. Date of death 2/22 19 40, at 2:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 19 39, to 2/22 19 40, and that I last saw him alive on 2/22 19 40.

	Duration
Immediate cause of death: Coronary Thrombosis	10 hrs.
Due to: Coronary Sclerosis	?
Due to: a General arterio Sclerosis	
Due to:	
Other conditions: Carcinoma of Stomach	3 yrs?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** D. Blumenauer M.D. (M. D. or other)
Address 5 W. 2nd St Frederick Date signed 2/23/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-21

01898

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 hours

Stay in this community (yrs., or mos., or days) 23 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 729 Motter Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Harriett Pauline Bond

3. (b) Social Security Number 214-10-3009

4. Sex: Female

5. Color or race: White

6. (a) Single, ~~married, widowed, or divorced~~: Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 27, 1916

8. AGE: Years 23 | Months 2 | Days 11 | If less than one day hrs. min.

9. Birthplace Frederick, Maryland
(Town, county, and state)

10. Usual occupation Clothworker

11. Industry or business Muse Tailoring Company

FATHER
12. Name Ira R. Bond
13. Birthplace Johnsville, Maryland

MOTHER
14. Maiden name Belvo C. Stottlemyer
15. Birthplace Thurmont, Maryland

16. Informant Mrs. Ira R. Bond
Address 729 Motter Ave., Fred'k, Md.

17. Burial
(Burial, ~~cremation, or removal, which~~)
Date thereof 2/21/40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. 20-Feb-1940 19 Ira J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18th, 1940, at 3:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 13 1940, to Feb 18 1940, and that I last saw him alive on Feb 18 1940.

Immediate cause of death Pneumonia (lobar) OK — DURATION 2 days

Due to Influenza

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H H Kline M.D.
M. D. or other

Address Frederick, Md. Date signed 2-19-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01899

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick.

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 5Mos 30Days

Stay in this community (yrs., or mos., or days): 5Mos 30Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: ST. Mary's Co.

City or town: Loveville. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Olivia Bowles

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 22 1917

8. AGE: Years	Months	Days	If less than one day
22	11	3	hrs. min.

9. Birthplace: Loveville Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: William A. Bowles
13. Birthplace: St. Mary's Co. Md.

MOTHER
14. Maiden name: Olivia Laster
15. Birthplace: River Springs, Md.

16. Informant: Mary Olivia Bowles
Address: Loveville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 27 1940 (month) (day) (year)

Cemetery or crematory: St. Joseph's Cem.

Location: Leonardtown. Md.

18. Funeral director: P.B.Robinson
Address: Leonardtown, Md.

19. 2/28/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 25 1940 6.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 26 1939 to Feb. 25 1940, and that I last saw her alive on Feb. 25 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	9Mos
Due to	
Tubercle Bacilli	
Due to	
Other conditions: Tuberculous Enteritis; Tuberculous Laryngitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E. Goodfellow M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed: 2/26/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

01900

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Sabillasville. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Frederick

City or town Sabillasville. Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Arthur P. Brown.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rosenia Gonder

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct. 3rd. ~~1846~~ 1864

8. AGE:

Years	Months	Days	If less than one day
75	4	6	hrs. min.

9. Birthplace Foxville Fredk Co. MD (Town, county, and state)

10. Usual occupation Farmer. (Retired)

11. Industry or business

FATHER

12. Name Martin L. Brown

13. Birthplace Foxville. Fredk Co. MD

MOTHER

14. Maiden name Mary E. Buhrman.

15. Birthplace Highfield Md

16. Informant Howard Willard.

Address Sabillasville. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 12th. 40 (month) (day) (year)

Cemetery or crematory Cemetery

Location Blue Ridge. Thurmont Md.

18. Funeral director M. L. Creager & Son. Thurmont. MD

Address

19. 2/11 40 (Date rec'd by registrar) Chas. E. Shields Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9th. 1940 19 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 to 19

and that I last saw h alive on Feb 9 1940

Immediate cause of death Coronary Thrombosis (DURATION) Hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C.W. Bair Deputy Med Ex. M. D. or other

Address Frederick Md. Date signed 2.9.40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

01901

Reg. Dist. No. 136

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Rural--Nr. Buckeystown, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 54 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Rural--Nr. Buckeystown Ward No. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Nr. Buckeystown, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Richard Tilghman Bruce

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Widower

B (b) Name of husband or wife: Emma Gaither
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 27, 1854

8. AGE: Years	Months	Days	If less than one day
85	6	10	hrs. min.

9. Birthplace: Poolesville, Montgomery Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Pricilla Wade
15. Birthplace: Unknown

16. Informant: Frederick D. Bruce,
Address: Buckeystown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/10/40 (month) (day) (year)
Cemetery or crematory: New Market Cemetery
Location: New Market, Maryland

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland

1940 Feb 8 1940 H. O. Hendrickson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 7th, 1940, at 7:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1939, to 2-7- 1940, and that I last saw h in alive on 2-5- 1940.

Immediate cause of death	DURATION
Senility and	
Due to Exhaustion	
Due to Advanced age	
Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. G. Bourne M D
M. D. or other
Address: Frederick, Md. Date signed 2-8-40

RECEIVED
MAR 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

01902

Reg. Dist. No. 138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Mt Pleasant
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Basil David Carlson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Married

B (b) Name of husband or wife Evelyn Dove Carlson Charlotte Rose Carlson
6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Apr 30 1869

8. AGE:

Years	Months	Days	If less than one day
70	9	19	____hrs. ____min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Basil Carlson
13. Birthplace Md

MOTHER
14. Maiden name Evelyn Dove Dorsey
15. Birthplace Md

18. Informant Mrs Charlotte Rose Carlson
Address Mt Airy RFD Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 21-1940 (month) (day) (year)
Cemetery or crematory Prospect
Location Frederick County
18. Funeral director Powell & Albaugh
Address Libertytown Md

19. Feb 20 1940 (Date rec'd by registrar) Lucian K Falconer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1940 7:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 24 1940 to Feb 19 1940, and that I last saw him alive on Feb 17 1940

	DURATION
Immediate cause of death Broncho Pneumonia	24 days
Due to Acute bronchitis	30 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ernest P. Roop Md.
M. D. or other
Address Mount Market Md Date signed Feb 20/40

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

01903

Reg. Dist. No. 136

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Nr. Urbana (rural)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Dickerson, Md. R. D. 1

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 12yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Nr. Urbana (Rural) Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Dickerson, Md. R. D. 1

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Mrs. Nellie Cavell

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife: Norman M. Cavell

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 28, 1858

8. AGE: Years	Months	Days	If less than one day
82	0	17	hrs. min.

9. Birthplace: Warsaw, Va. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: James Harris,

13. Birthplace: Warsaw, Va.

MOTHER — 14. Maiden name: Sarah Ellen Quay,

15. Birthplace: Warsaw, Va.

16. Informant: Mr. Wm. M. Cavell,

Address: Dickerson, Md. R.D. 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 / 19 / 40 (month) (day) (year)

Cemetery or crematory: Mt. Olivet Cemetery,

Location: Frederick, Md.

18. Funeral director: M. R. Etchison & Son.

Address: Frederick, Md.

19 40 Feb 16 (Date rec'd by registrar) 19 40 G. O. Hendrickson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 15 19 40, at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 27 19 37, to Feb 15 19 40, and that I last saw h on alive on Jan 28 19 40

Immediate cause of death: Arteria sclerosis — DURATION: 10 yrs

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Ernest R. Roop, M. D. (M. D. or other)

Address: New Market Md. Date signed: Feb 16/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (137-A) Reg. Dist. No. 131

CERTIFICATE OF DEATH

01904

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Hampstead, Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. R. D. Mt. Airy, Md (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William Henry Chaney

3 (b) If veteran, name war: No

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Cary Selby Chaney

6. (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) May 19, 1853.

8. AGE: Years 86 | Months 9 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Mt. Airy Maryland (Town, county, and state)

10. Usual occupation farmer

11. Industry or business —

FATHER 12. Name Charles Chaney.
13. Birthplace Maryland

MOTHER 14. Maiden Name Rachael Burkhart
15. Birthplace Md

16 (a) Informant Mrs. Richard Chaney
(b) Address Mt. Airy, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2 1940 (month) (day) (year)
(c) Cemetery or crematory Prospect
Location Frederick Co Md

18 (a) Funeral director J. M. Waltz
(b) Address Winfield Md

19 (a) 29 Feb 40 (Date rec'd by registrar) (b) J. M. Clemmey Registrar

MEDICAL CERTIFICATION

20. Date of death ~~Feb~~ 29 1940, at 11 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1940, to Feb 29 1940, and that I last saw him alive on Feb 29 1940.

Immediate cause of death	Duration
Pulmonary Oedema	
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings: Of operations Hysterectomy and Prostate Cystotomy

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature E. P. Thomas M. D. or other

Address Frederick Md Date signed Feb 29-40

VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

RECEIVED
MAR 8 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01905

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days) 8Mos 30 Days

Stay in this community (yrs., or mos., or days) 8Mos 30 Days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland. County: Harford

City or town: Perryman Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Carrie Cline

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 15 1915

8. AGE: Years	Months	Days	If less than one day
24	5	28	hrs. min.

9. Birthplace: Flat Ridge, Va. (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER — 12. Name: James Cline

FATHER — 13. Birthplace: Flat Ridge, Va.

MOTHER — 14. Maiden name: Clema Parks

MOTHER — 15. Birthplace: Flat Ridge Va.

16. Informant: Carrie Cline

Address: Perryman. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 15 1940 (month) (day) (year)

Cemetery or crematory: Baker's Cem.

Location: Harford Co. Md.

18. Funeral director: M.L.Creager

Address: Thurmont. Md

19. 2/14/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1940, at 1.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 1939 to Feb. 12 1940, and that I last saw her alive on Feb. 12 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1Yr.
Due to	
Tubercle Bacilli	
Due to	
Other conditions	
Tuberculous Laryngitis (Include pregnancy within 3 months of death)	

Major findings:

O! operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John E. Goodfeature, M.D. (M. D. or other)

Address State Sanatorium, Md. Date signed 2/13/40

RECEIVED
MAR 5 1980
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

01906

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Sabillasville Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 48 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Sabillasville Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Catherine Coffman

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joseph Albert Coffman
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) March 12 - 1874

8. AGE:

Years	Months	Days	If less than one day
65	11	5	hrs. min.

9. Birthplace Fountaindale Pa
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own home
FATHER 12. Name Washington Hoffhill
13. Birthplace Middletown Md
MOTHER 14. Maiden name Caroline Miller
15. Birthplace Sabillasville Md
16. Informant Albert Coffman
Address Sabillasville Md
17. Burial Date thereof Feb. 20-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cemetery
Location Thurmont Blue Ridge
18. Funeral director M. L. Creaf & Son
Address Thurmont Md
19. 2/20 1940 C. E. Shields
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 1940, at 9:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 17 1940 to Feb. 17 1940, and that I last saw h alive on She was dead when I arrived

Immediate cause of death	DURATION
Chronic Myocarditis with acute dilatation of the heart	2 yrs. + Sudden
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James A. Gray M. D. or other
Address Thurmont Md Date signed 2-19-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131
01907

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County FREDERICK
(b) City or town FREDERICK
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: FREDERICK CITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days) 54 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD (b) County Carroll
(c) City or town Winfield - Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Westminster - R. F. D.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME MR. WILLIAM N. COVER

3 (b) If veteran, name war: None

3 (c) Social Security No. 216-07-2934

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: MARRIED

6 (b) Name of ~~husband~~ or wife: BETTY COVER

6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) NOV. 16 - 1886

8. AGE: Years 53 | Months 3 | Days 5 | If less than one day _____ hr. _____ min.

9. Birthplace WESTMINSTER MD.
(Town, county, and state)

10. Usual occupation LABORER

11. Industry or business Carpenter

FATHER
12. Name WILLIAM F. COVER
13. Birthplace MD.

MOTHER
14. Maiden Name JENNIE E. NEWMAN
15. Birthplace MD.

16 (a) Informant Carroll W. Cover
(b) Address Detour Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Feb. 24 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Reform
Location Taneytown Md.

18 (a) Funeral director C. M. Waltz
(b) Address Winfield Md.

19 (a) 21-Feb-1940 (Date rec'd by registrar) (b) Ira L. McCleary Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 21 1940, at 1 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1940 Feb 21 1940, and that I last saw him alive on Feb 21 1940.

Immediate cause of death	Duration
Lobar Pneumonia	1 day
Due to	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature E. P. Thomas
M. D. or other
Address Frederick Md Date signed Feb 21-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

01908

CERTIFICATE OF DEATH

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Emmitsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 yr

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Williamsport Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Eva Cullen

3. (b) Social Security Number None

4. Sex F | 5. Color or race W | 6.(a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mc Cullen Diamond

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9 - 1859

8. AGE: Years 81 | Months | Days 26 | If less than one day hrs. min.

9. Birthplace Williamsport Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name Victor Cushwa

13. Birthplace Maryland

MOTHER 14. Maiden name Mary Ann Knepp

15. Birthplace Maryland

16. Informant Mrs. Elliott Sanders
Address State Street Emmitsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/17/1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cem. Hagerstown

Location Hagerstown Md

18. Funeral director Mc Cleaf Sons

Address Hagerstown Md

19. Feb 15 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1940, at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 12 1940 to Feb 15 1940 and that I last saw her alive on Feb 14 1940

Immediate cause of death Arteriosclerosis Coronary Occlusion — DURATION 2 Days

Due to Hypertension Cardio Vascular disease — several years

Due to —

Other conditions Colloid goiter — several years

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide NO Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. F. Castle M.D. M. D. or other
Address Emmitsburg Md Date signed 2-15-40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

01909

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
~~City or~~ town Jefferson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 81 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City~~ or town Jefferson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Sarah Frances Darner

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) ~~Single, married~~, widowed, or ~~divorced~~: Widow
6 (b) Name of husband ~~or wife~~ J. S. W. Darner
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) April 25, 1858

8. AGE: Years 81 | Months 9 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)
10. Usual occupation House-work
11. Industry or business

FATHER
12. Name Zebulon Werking
13. Birthplace Loudoun County Virginia

MOTHER
14. Maiden name Margaret Elizabeth Gardner
15. Birthplace Loudoun County Virginia

16. Informant Mr. Z Preston Darner
Address Jefferson, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 2/10/40 (month) (day) (year)
Cemetery ~~or crematory~~ St. Paul's Cemetery
Location Jefferson, Maryland

18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. 9-Feby 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8th 1940, at 5:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3d 1940, to Feb 8th 1940, and that I last saw her alive on Feb. 7th 1940.

Immediate cause of death Cebreal Hemmage
Due to Arterio Schirrum
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
5 day
10 yr
year

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank A Hedge M. D. or other
Address Frederick, Maryland Date signed Feb 9th 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

CERTIFICATE OF DEATH

01910

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 334½ East Church Street
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Nr. Shookstown - Quiet Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D. #5
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Melvin Peter Delauter

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Annie Taylor
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 1857

8. AGE: Years	Months	Days	If less than one day
83			hrs. min.

9. Birthplace: Frederick Co. Md. (Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business

FATHER
12. Name: Joshua Delauter
13. Birthplace: Wolfsville, Md.

MOTHER
14. Maiden name: Rebecca
15. Birthplace: Wolfsville, Md.

16. Informant: Mr. William M. Delauter
Address: Frederick, Md. R.F.D. #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 6, 1940 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Frederick, Md.

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Md.

19. Feb 7 1940 (Date rec'd by registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/4 1940, at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/3 1940, to 2/4 1940, and that I last saw h- alive on 2/3 1940.

Immediate cause of death: Coronary Thrombosis — Coronary Sclerosis — DURATION: 1 day ?
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: J. R. Schoolman M. D. (M. D. or other)
Address: 5 W. 2nd St. Date signed: 2/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

01911

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 226 E. Third St.,
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 319 E. Second St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Reverdy Johnson Dronenburg

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Ida Ziegler
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1856

8. AGE: Years	Months	Days	If less than one day
84	0	2	____ hrs. ____ min.

9. Birthplace Clarksburg, Montgomery, Md.
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business Policeman (City)
FATHER 12. Name William J. Dronenburg,
13. Birthplace Montgomery Co., Md.
MOTHER 14. Maiden name Margaret Ann Rhodes,
15. Birthplace Montgomery Co., Md.
16. Informant E. Hiram Dronenburg,
Address Kensington, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 24, 1940 (month) (day) (year)
Cemetery or crematory Mt. Olivet Cemetery
Location Frederick, Md.
18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.
19 Feb 24 1940 (Date rec'd by registrar) J. M. Lewis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 21st., 1940, at 12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1939, to Feb 21st 1940, and that I last saw h[illegible] alive on Feb. 13th 1940

Immediate cause of death Cerebral Hemorrage — DURATION 2 Months

Due to Arterio Sclerosis — 5 years

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Frank H. Hedges M. D. or other
Address Frederick, Md. Date signed Feb 24 1940

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01912

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1 Yr. 6 Mos. 1 Day
Stay in this community (yrs., or mos., or days): 1 Yr. 6 Mos. 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 307 S. Sharp St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William J. Emrich

3. (b) Social Security Number: ~~None~~ 267-16-6707 Pois

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Emma Emrich
6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): June 4 1878

8. AGE: Years	Months	Days	If less than one day
61	8	19	hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER
12. Name: George Emrich
13. Birthplace: Baltimore, Md.
MOTHER
14. Maiden name: Mary Ramer
15. Birthplace: Baltimore, Md.
16. Informant: William J. Emrich
Address: Baltimore, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 26 1940 (month) (day) (year)
Cemetery or crematory: St. Paul's Cem
Location: Violetville, Balto.Co., Md.
18. Funeral director: M.L. Creager
Address: Thurmont, Md.
19. 7/23/1940 (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 23 1940, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 22 1938, to Feb 23 1940, and that I last saw him alive on Feb. 23 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 18 Mos
Due to: Tubercle Bacilli
Due to:
Other conditions: Tuberculous Laryngitis
Tuberculous Meningitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture, M.D. M. D. or other
Address: State Sanatorium, Md. Date signed: 2/24/80

VS A15 (T) (I) (M) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 28 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01913

1. PLACE OF DEATH

County Frederick Registration Dist. No. 137

Village or City Libertytown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Clementine Etzler

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of George A. Etzler

6. DATE OF BIRTH (month, day, and year) Oct - 11 - 1863

7. AGE Years 76 Months 4 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick (State or country)

FATHER

13. NAME Wm W. Welker

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Hannah J Boston

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Paul Etzler (Address) Frederick Md

18. BURIAL, CREMATION, OR REMOVAL Place Union Chapel Date Feb. 22, 1940

19. UNDERTAKER Powell & Albaugh (Address) Libertytown

20. FILED Feb 22, 1940 M. J. Cushman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb - 19, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb - 12, 1940, to Feb 19th, 1940

I last saw her alive on Feb. 19th, 1940; death is said to have occurred on the date stated above, at 9.10 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb-12

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Otis B. Stone M. D.

(Address) Libertytown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 4 1940 U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01914

93-d

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Fredrick Registration Dist. No. 134

Village or City near Emmitsburg No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lula D. Eyler If U. S. Veteran, specify WAR

(a) Residence: No. near Emmitsburg St., Ward. Social Security Nurse

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fm	white	married

5e. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Robert D. Eyler

6. DATE OF BIRTH (month, day, end year) March 6 1889

7. AGE	Yeers	Months	Days	If LESS then 1 day, hrs. or min.
	50	11	15	

OCCUPATION

8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased lest worked at this occupetion (month end yeer)

11. Totel time (years) spent in this occupetion

12. BIRTHPLACE (city or town) Downsville Md.
(State or country)

FATHER

13. NAME George E. Trout

14. BIRTHPLACE (city or town) Downsville, Md.
(Stete or country)

MOTHER

15. MAIDEN NAME Susie A. Danner

16. BIRTHPLACE (city or town) Boonsboro Md
(State or country) Washington Co

17. INFORMANT Robert D. Eyler
(Address) Emmitsburg Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mountain View Cemetary
Piece Emmitsburg, Md. Date Feb 23, 1940

19. UNDERTAKER D. L. Allison
(Address) Emmitsburg, Md.

20. FILED F. 23, 1940 W. F. Sluff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 20 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1935, 19..., to Feb. 20, 1940

I last saw her alive on Feb. 20, 1940; death is said to have occurred on the date stated above, at 9:00 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Hypertensive cardio vascular disease	several years
cerebral Hemorrhage	Feb 20, 1940
Other Contributory Causes of Importance:	

Name of operetion None Dete of

What test confirmed diagnosis? Clinical exam Wes there an autopsy? no

23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of Injury, 19...

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any wey releted to occupation of deceesed? no

If so, specify

(Signed) W. C. Eyler M. D.

(Address) Emmitsburg Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

No. 01915

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (94a)

County Frederick — Registration Dist. No. 191

Village or City Brunswick — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residenca in city or town whare death occurrad ____ yrs. ____ mos. 19 ds. How long in U. S. If of foraign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Washington Fawley — S. Veteran, specify WAR ____

(a) Residence: No. Schnauffers Hospital — Ward. ____ (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorcad — HUSBAND of (or) WIFE of: Ora Fawley

6. DATE OF BIRTH (month, dey, and yaar): Sept. 30, 1861

7. AGE	Yaars	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	78	4	2	

OCCUPATION

8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased test workad at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (Stata or country): Loudoun County Virginia

FATHER

13. NAME: John Fawley

14. BIRTHPLACE (city or town) (Stata or country): Loudoun County Virginia

MOTHER

15. MAIDEN NAME: Mary Loy

16. BIRTHPLACE (city or town) (State or country): Loudoun County Virginia

17. INFORMANT (Address): Mrs. J. W. Fawley Lovettsville, Virginia

18. BURIAL, CREMATION, OR REMOVAL: Lovettsville Union Cemetery, Lovettsville, Va. Date Feb. 3, 1940

19. UNDERTAKER (Address): C. M. Fritz & Son Brunswick Md

20. FILED 2-2, 1940 Lee H. S. Hidy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Feb (Month) 1 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1940, to Feb 1, 1940

I last saw h[illegible] aliva on Feb 1, 1940 deeth is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causas of importanca are as follows:

	Date of onset
Coronary occlusion	Jan 19-40

Other Contributary Causes of Importance:

Name of operation: none — Date of: ____

What test confirmed diagnosis? Electrocardiograph — Was autopsy? No

23. If daath was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of Injury ____

Nature of injury ____

24. Was disease or injury in any way relatad to occupation of deceased? ____

If so, specify ____

(Signad) William Schnauffer M.D.

(Addrass) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAR 5 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01916

WITHIN CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Frey If U. S. Veteran, specify WAR

(a) Residence: No. 529 Register St St., Ward. Baltimore Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Saml Frey

6. DATE OF BIRTH (month, day, and year) June 16th 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Chauncey Stoner

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Glencoe Pa.

17. INFORMANT Mrs Bessie Carlson

(Address) 529 Register ave Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Knoxville Md Date Feb 5, 1940

19. UNDERTAKER C H Fritz Son

(Address) Brunswick Md

20. FILED 2-4, 1940 Wm H S Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 3 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1940, to Feb 8, 1940

I last saw her alive on Feb 3, 1940; death is said to have occurred on the date stated above, at 10 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 2-40

Other Contributory Causes of importance: Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Shrauffer M.D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01917

WITHIN CORPORATE LIMITS

83-a

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 141

Village or City Brunswick — No. ____ St. ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Susan Ann Frye — If U. S. Veteran, specify WAR ____

(a) Residence: No. 19 S. Va ave. St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John N. Frye.

6. DATE OF BIRTH (month, day, and year) Oct. 14 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	98	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Virginia (State or country)

FATHER

13. NAME Geo. Davis

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Charlotte Everhart

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mrs B. B. Beck (Address) Brunswick Md.

18. BURIAL, CREMATION, OR REMOVAL Mt Pleasant Church Place Taylorstown Virginia Date Feb. 15, 1940

19. UNDERTAKER C. H. Feete & Bro (Address) Brunswick Md.

20. FILED 2-14, 1940 Mrs. H. S. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 13 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1940, to Feb 13 1940

I last saw her alive on Feb 11, 1940, death is said to have occurred on the date stated above, at 1 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

Whether confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Dem West M. D.

(Address) Brunswick Md.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01918

Reg. Dist. No. 436

1. PLACE OF DEATH:
County: Frederick
City or town: Rural nr. Park Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Adamstown, Md. R.D.
Stay in hospital or insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 65yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Rural Nr. Park Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Adamstown, Md. R. D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Mrs. Annie Eliza Funk

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife: William H. Funk
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 12, 1849

8. AGE: Years	Months	Days	If less than one day
90	11	12	hrs. min.

9. Birthplace: Frederick, Frederick, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At home

FATHER
12. Name: C. F. Wm. Roelke,
13. Birthplace: Germany.

MOTHER
14. Maiden name: Sarah Sier,
15. Birthplace: Carroll, Co., Md.

16. Informant: Mrs. Walter A. Cutsail,
Address: Adamstown, Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/6/40 (month) (day) (year)
Cemetery or crematory: Mount Olivet Cemetery
Location: Frederick, Md.

18. Funeral director: M. R. Etchison & Son,
Address: Frederick, Md.

19. Feb 5 1940 (Date rec'd by registrar) E. O. Hendrickson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 3rd., 1940, at 9.20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24 1935, to Feb. 1940, and that I last saw h alive on Feb. 1 1940.

Immediate cause of death	DURATION
Arterio-sclerotic cardio-vascular renal disease	? Syn.+
Due to	
Due to	
Other conditions (?) Pulmonary tuberculosis	(?)

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Charles H. Conley Jr. M.D.
M. D. or other
Address: Buckeystown, Md. Date signed 2-4-40

RECEIVED
MAR 5 1940
BUREAU V. S.

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

01919

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Route 240, 2 1/2 miles
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: S. of Urbana,

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

~~City~~ or town near Urbana Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural (Clarksburg)
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Bessie Love Geisbert

3. (b) Social Security Number none

4. Sex Female

5. Color or race White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

B (b) Name of husband or ~~wife~~ Roger H Geisbert

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) October 1, 1885

8. AGE:

Years	Months	Days	If less than one day
54	4	21	hrs. min.

9. Birthplace Emmittsburg Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Agnew
13. Birthplace Emmitsburg, Md.

MOTHER
14. Maiden name Louisa Horner
15. Birthplace Gettysburg, ~~Md.~~ Pa.

16. Informant Roger Geisbert

Address near Urbana, Md.

17. Burial (Burial, ~~cremation, or removal, Which?~~) Date thereof 2/25/40 (month) (day) (year)

Cemetery or ~~crematory~~ Methodist Cemetery

Location Urbana, Md.

18. Funeral director M.R. Etchison & Son.

Address 106 E. Church St, Frederick, Md.

19. 23 Feb 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1940, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~19~~, to ~~19~~,

and that I last saw her ~~alive~~ dead on Feb 22 1940

Immediate cause of death Fracture of skull, hemorrhage shock

Due to auto-accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2.22.40

Where did injury occur? Frederick (City or town) Co (County) Md. (State)

Injured at home, farm, industry, public place (where?) Route 240

Means of injury Automobile Injured at work?

23. SIGNATURE R. W. Bon Dep. Med. Ex. M. D. or other

Address Frederick Md Date signed 2.22.40

MAR 2 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

01920

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Fredrick
City or town: Emmitsburg,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 51 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Josephine Gelwicks

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fm	white	widow

B (b) Name of husband or wife: Daniel R. Gelwicks
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 31, 1868

8. AGE: Years	Months	Days	If less than one day
71	5	5	hrs. min.

9. Birthplace: Fredrick Co, Md.
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: William Henley
13. Birthplace: Ireland

MOTHER
14. Maiden name: Ann Frances Crabb
15. Birthplace: Fredrick Co, Md.

16. Informant: Lillian Gelwicks
Address: Emmitsburg, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 9, 1940 (month) (day) (year)
Cemetery or crematory: St Joseph
Location: Emmitsburg, Md.

18. Funeral director: S. L. Allison
Address: Emmitsburg, Md.

19. Feb 8 1940 (Date rec'd by registrar) M. K. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 6 1940, at 4:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 25 1940 to Feb 6 1940, and that I last saw her alive on Feb. 6. 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage.	8 days
Due to: Essential hypertension & arteriosclerosis	several years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. R. Codle M D
M. D. or other
Address: Emmitsburg Md. Date signed 2-7-40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (2)

01921

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:
County Fred
City or town near Liberty town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ralph Monroe Grimes

3. (b) Social Security Number

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife —
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1940

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hrs. 0 min.

9. Birthplace Fred. Co
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name David E. Grimes
13. Birthplace Fred. Co

MOTHER
14. Maiden name Lillie K. Weddle
15. Birthplace Fred.

16. Informant David E Grimes
Address Union Bridge Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory Beaver Dam
Location Fred. Co. near Johnsville

18. Funeral director S. C. Barton
Address Walkersville

19. Feb 5 1940 (Date rec'd by registrar) M. D. Curfman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1940, at 9 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 4 1940, to Feb 4 1940, and that I last saw him alive on Feb 4 1940.

Immediate cause of death Prolapse of cord with pressure by head

Due to

Due to Still born

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Legg M. D. or other
Address Union Bridge Date signed 2-5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

01922

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 5 days
Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 702 East Patrick Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Jessie Lee Davis Grove

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) ~~Single, married~~, widowed, or ~~divorced~~ Widow

6 (b) Name of husband ~~or wife~~ J. Harry Grove

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 21, 1864

8. AGE: Years 75 | Months 6 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Nr. Walkersville, Maryland
(Town, county, and state)

10. Usual occupation House-work

11. Industry or business

FATHER
12. Name Henry M. Strailman
13. Birthplace Jefferson, Maryland

MOTHER
14. Maiden name Catherine Wilson
15. Birthplace Nr. Walkersville, Md.

16. Informant Miss Elsie J. Strailman
Address 116 W. 4th St., Fred'k, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 2/21/40 (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19 20-Feb 1940 (Date rec'd by registrar) Ira L. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18th, 1940, at 3:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 12, 1940, to Feb. 18, 1940, and that I last saw h er alive on Feb. 18, 1940.

Immediate cause of death	DURATION
Arteriosclerosis	
Cardiovascular renal disease.	
Due to	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE O. H. Cordley M. D. or other
Address Frederick, Md. Date signed 2-19-40

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MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (180) Reg. Dist. No. 131

01923

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
53 Winchester Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 53 Winchester Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Barbara Ann Hane

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 18, 1938

8. AGE: Years 2 | Months 1 | Days 8 | If less than one day ____hr. ____min.

9. Birthplace Frederick, Frederick Co., Maryland
(Town, county, and state)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Thomas Hane
13. Birthplace Frederick, Maryland

MOTHER
14. Maiden Name Pauline Keeney
15. Birthplace Frederick, Maryland

16 (a) Informant Thomas Hane
(b) Address Frederick, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 27-Feb-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 26 1940, at 9 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from dead 19__, to 19__, and that I last saw him ~~alive~~ on Feb 26 1940.

Immediate cause of death	Duration
Third degree burns of entire head body & limbs	
Due to Fire in home	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 2.26.40
(c) Where did injury occur? Frederick (City or town) Frederick (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury Home burnt down.

23. Signature P. W. Barr Deputy Med. Ex. (M. D. or other)
Address Frederick, Md Date signed 2.26.40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 5 1940
BUREAU V. S.

01924

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City ~~or town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 53 Winchester Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City ~~or town~~: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 53 Winchester Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Roland Hane

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 12, 1937

8. AGE: Years: 3 Months: 1 Days: 14 If less than one day: hrs. min.

9. Birthplace: Frederick, Frederick, Maryland
(Town, county, and state)

10. Usual occupation: Child

11. Industry or business:

FATHER
12. Name: Thomas Hane
13. Birthplace: Frederick, Maryland

MOTHER
14. Maiden name: Pauline Keeney
15. Birthplace: Frederick, Maryland

16. Informant: Thomas Hane
Address: Frederick, Maryland

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Feb. 27, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: C. E. Cline & Son
Address: Frederick, Maryland

19. 27-Feb 1940 (Date rec'd by registrar) Ira J. McGeady Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 26-1940 19 , at 9 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~19~~ , to ~~19~~ ,
and that I last saw h 17 ~~alive on~~ dead Feb 26 19 40

Immediate cause of death: Third degree burns over entire head body & limbs

Due to: Fire in home

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: accident Date of: 2.26.40
Where did injury occur? Frederick (City or town), Frederick (County), Md. (State)
Injured at home, farm, industry, public place (where?): home
Means of injury: Fire / House burnt down ~~injured at work?~~

23. SIGNATURE: R. W. Barr Deputy Med Ex M.D. or other
Address: Frederick, Md Date signed: 2.26.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01925

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 15 Days

Stay in this community (yrs., or mos., or days): 15 Days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland. County: Prince George Co.

City or town: Branchville. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William H. Hardy

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Emma J. Hardy

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): February 25 1869

8. AGE: Years	Months	Days	If less than one day
71	0	2	____ hrs. ____ min.

9. Birthplace: Charles Co. Md. (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER — 12. Name: Benjamin Hardy

FATHER — 13. Birthplace: Charles Co. Md.

MOTHER — 14. Maiden name: Kathryn Hodges

MOTHER — 15. Birthplace: Charles Co. Md.

16. Informant: William H. Hardy

Address: Branchville, P.G. Co Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof ✓ (month) (day) (year)

Cemetery or crematory ✓

Location

18. Funeral director: Gasch & Son

Address: Hyattsville Md.

19. 2/27/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 27 1940, 2.35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 12 1940, to Feb 27 1940, and that I last saw him alive on Feb. 27 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION

Due to: Tubercle Bacilli

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: John E. Goodfellow, M.D. (M. D. or other)

Address: State Sanatorium, Md. Date signed: 2/29/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (104E) Reg. Dist. No. 138

CERTIFICATE OF DEATH

01926

VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Jamesville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Riggs College Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in this community (yrs., mos., or days) 6 days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Brunswick (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 East Potomac (If rural give location)
(e) If foreign born, how long in U. S. A.? Native years

3 (a) **FULL NAME** Agnes Barker Harley

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Roger Harley

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1897

8. AGE: Years 42 | Months 8 | Days 7 | If less than one day ____hr. ____min.

9. Birthplace Martinsburg W. Va. (Town, county, and state)

10. Usual occupation School Teacher

11. Industry or business

FATHER 12. Name J. H. Barker
FATHER 13. Birthplace West Virginia

MOTHER 14. Maiden Name Minnie Fellows
MOTHER 15. Birthplace West Virginia

16 (a) Informant Mrs Mamie Barker
(b) Address Brunswick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7 1940 (month) (day) (year)
(c) Cemetery or crematory Martinsburg
Location Martinsburg W Va

18 (a) Funeral director C. H. Fellers & Bro
(b) Address Brunswick Md.

19 (a) Feb 4 1940 (Date rec'd by registrar) (b) Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 4 1940, at 10.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30, 1940, to Feb 4 1940, and that I last saw him alive on Feb 4 1940

Immediate cause of death	Duration
Pulmonary Edema	1 hr.
Due to Acute Suppurative Endocarditis	10th (?)
Due to Brain Abscess	
Due to Bac. Sinus thrombosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos W. Meadors M.D. (M. D. or other)
Address Jamesville, Md. Date signed Feb 4, 1940

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MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 138

01927

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Jamesville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Riggs Cottage Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 68 days
(e) Length of stay in this community (yrs., mos., or days) 68 days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Pa. (b) County Adams
(c) City or town Gettysburg (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. #3 (If rural give location)
(e) If foreign born, how long in U. S. A.? native years

3 (a) FULL NAME Grace Hilton

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mack D. Hilton

6. (c) If alive, give age [redacted] years

7. Birth date of deceased (mo., day, yr.) Nov. 2 1884

8. AGE: Years 55 | Months 3 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Gettysburg (Town, county, and State)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Eicholtz
13. Birthplace Pa.

MOTHER
14. Maiden Name Laura Grimes
15. Birthplace Pa.

16 (a) Informant Hospital Record
(b) Address Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5 1940 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Gettysburg Pa.

18 (a) Funeral director H. S. Bergdoll Son.
(b) Address Gettysburg Pa.

19 (a) Feb 2-40 (Date rec'd by registrar) (b) Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 2, 1940, at 1 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1939, to Feb 2 1940, and that I last saw him alive on Feb 2 1940

	Duration
Immediate cause of death Myocardial Failure	2 mo.
Due to Chronic Myocarditis	1 yr.
Due to Chronic Endocarditis ?	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Flora F. Miller M.D. (M. D. or other)
Address Jamesville Md. Date signed Feb. 2, 1940

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01928

131-a

1. PLACE OF DEATH

County Frederick Registration Dist. No. 147

Village or City Mt. Airy Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Ellsworth Hood

(a) Residence: No. Mt. Airy Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: William A. Hood

6. DATE OF BIRTH (month, day, and year): Nov. 16, 1863

7. AGE: Years 76 | Months 3 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Howard Co. Maryland

FATHER

13. NAME: Charles Smith

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sarah A Becraft

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mr. Norman Hood Mt. Airy Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Pine Grove County Date: Feb. 21, 1940

19. UNDERTAKER (Address): C. M. Waltz Winfield Md.

20. FILED: Feby 21, 1940 Archley R. Molesworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1939, to Feb. 19, 1940

I last saw her alive on Feb 19, 1940; death is said to have occurred on the date stated above, at 8:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Haemoplegia	Dec 18 1939
Hypertension	?
Chr. Nephritis	?

Other Contributory Causes of importance:

Chr. Uremia	?

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Stanley Grabill M. D.

(Address) Mt. Airy, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAR 5 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

01929

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 mo 5 days

Stay in this community (yrs., or mos., or days) 44-4-10

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 252 E. Seventh St.,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mrs. Hallie Belle Houck

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife George W. Houck

6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1895

8. AGE: Years	Months	Days	If less than one day
42	4	10	____ hrs. ____ min.

9. Birthplace Frederick, Fred., Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER

12. Name Isaac D. Steele,

13. Birthplace Frederick, Md.

MOTHER

14. Maiden name Alice R. Wilhide,

15. Birthplace Frederick, Md.

16. Informant Mr. George W. Houck,

Address 252 E. 4th., St., Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 5, 1940 (month) (day) (year)

Cemetery or crematory Utica Union Cemetery

Location Utica, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Maryland

19. 3-Feby-1940 (Date rec'd by registrar) J. M. Lemmon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2nd., 1940, at 3.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1939, to Feb. 2 1940, and that I last saw h er alive on Feb 2 1940.

	DURATION
Immediate cause of death Bronchopneumonia	2 days
Due to Rheumatic myocarditis	10 yrs ?
Due to Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L R Schoolman M. D. M. D. or other

Address Frederick, Md. Date signed 2-2-40

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MAR 5 1949
BUREAU V. S.

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83a) Reg. Dist. No. 7 2 1

CERTIFICATE OF DEATH

01930

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick, Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Montevue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick, Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Montevue (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Joseph Aquilla Hance

3 (b) If veteran, name war: none
3 (c) Social Security No. none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of ~~husband~~ or wife: Katie W. R. Weems (Dead)
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 10 1859

8. **AGE:** Years 80 | Months 9 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Tuscarora - Md. (Town, county, and state)
10. Usual occupation Boat caper & Farmer
11. Industry or business

FATHER
12. Name Elijah Hance
13. Birthplace Tuscarora

MOTHER
14. Maiden Name Ann Burnside
15. Birthplace Tuscarora

16 (a) Informant Mrs. Geo. Peters
(b) Address Frederick

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick

18 (a) Funeral director Harry E. Early Co
(b) Address Frederick

19 (a) 6 Feby 40 (Date rec'd by registrar) (b) J. M. Lumsden Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 5 1940, at 7.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to Feb 5 1940, and that I last saw him alive on Feb 5 1940.

	Duration
Immediate cause of death: Cerebral hemorrhage	Feb. 1
Due to: Arter-sclerosis	1936
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** B. F. Thomas M. D. or other
Address Frederick, Md Date signed 2/6/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (73-L) Reg. Dist. No. 13 1 01931

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick - Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Montevue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs.
(e) Length of stay in this community (yrs., mos., or days) 89yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Frederick - Rural
(If outside city or town limits, write RURAL and give town)
(d) ~~Street No.~~ Montevue
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Nicholas Jackson

3 (b) If veteran, name war: None
3 (c) Social Security No.: None

4. Sex: Male
5. Color or race: Colored
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Mary Jackson
6. (c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.) 7 7 1851

8. AGE: Years 89 | Months 7 | Days 7 | If less than one day: _____ hr. _____ min.

9. Birthplace: Frederick County, Maryland
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm

FATHER
12. Name: Peter Jackson
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Polly Fletcher
15. Birthplace: Maryland

16 (a) Informant: C. W. Gregory, Clerk, Montevue
(b) Address: Montevue, Frederick, Maryland

17 (a) Burial
(Burial, ~~cremation, or removal~~)
(b) Date thereof Feb. 10, 1940
(month) (day) (year)
(c) Cemetery or ~~crematory~~: Montevue
Location: Frederick, Maryland

18 (a) Funeral director: C. E. Cline & Son
(b) Address: Frederick, Maryland

19 (a) 10-Feb-1940 (b) Ira J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 8 1940, at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1940, to Feb 7 1940, and that I last saw him alive on Feb 7 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to	
Chronic Myocarditis	2 yrs. ?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

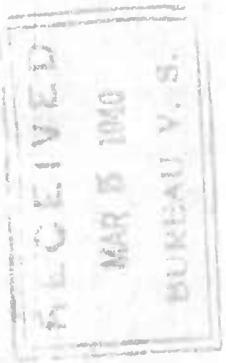
23. Signature R. D. Thomas
M. D. or other
Address Frederick Md Date signed 2/10/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. C. O. Stevens



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d)

Reg. Dist. No. 131

01932

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City~~ or town Creagerstown
(If outside city or town limits, write RURAL and give town)

(d) Street No. Rural
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Clara Mrs Susan Keech.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband ~~or wife~~ Horace Keech

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 24-1875

8. AGE: Years 64 Months 11 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Fredk Co. Md
(Town, county, and state)

10. Usual occupation Practical Nurse

11. Industry or business —

FATHER
12. Name George W. Free
13. Birthplace Creagerstown Fredk Co Md

MOTHER
14. Maiden Name Sarah R. Geisher
15. Birthplace Frederick Co. Md

16 (a) Informant E. Virginia Keech
(b) Address Thurmont Md R.F.D.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Feb 16-40 ~~(month)~~ (day) (year)

(c) Cemetery ~~or crematory~~ Cemetery
Location Creagerstown

18 (a) Funeral director M. L. Creagerstown
(b) Address Thurmont Md

19 (a) 16-Feby-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 13 1940, at 11 50 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 8 1940, to Feb 13 1940, and that I last saw her alive on Feb 13 1940.

Immediate cause of death Chronic Myocarditis

Due to

Due to Senility

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)

(e) Means of injury —

23. Signature E P Thomas
M. D. or other

Address Frederick Date signed Feb 14-40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

01933

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Middletown Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Middletown Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Grayson Daniel Knoop

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28, 1939

8. AGE: Years	Months	Days	If less than one day
	2	6	hrs. min.

9. Birthplace Middletown, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Grayson Knoop

13. Birthplace Middletown Md

MOTHER 14. Maiden name Evelyn Gilroy

15. Birthplace Middletown, Md.

16. Informant Grayson Knoop

Address Middletown, Md.

17. Burial Date thereof Feb. 5. 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown Md.

18. Funeral director Gladhill Co.

Address Middletown, Md

19. Feb 5 1940 D. Grayson Brewer

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 1940 to Feb 3 1940, and that I last saw him alive on Feb 3 1940.

	DURATION
Immediate cause of death Pertussis	
Due to Bronchio-pneumonia?	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Barr M. D. or other

Address Frederick Date signed 2-5-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

01934

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 10 hrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Frederick

~~City~~ or town rural Buckeystown, Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME John ~~William~~ Westley Lee (Or John ~~William~~ Westley Brown) (known by both names)

3. (b) Social Security Number 220-05-6774

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
male	colored	married

6 (b) Name of ~~husband or~~ wife Margaret S. Howard

6(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1900

8. AGE: Years	Months	Days	If less than one day
40	0	11	hrs. min.

9. Birthplace Nr. Buckeystown, Fred., Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Brick Yard

FATHER 12. Name John Lee,

13. Birthplace Fred. Co., Md.

MOTHER 14. Maiden name Fannie Offutt

15. Birthplace Fred. Co., Md.

16. Informant Mrs. Fannie Lee Howard,

Address Buckeystown, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 2 / 17 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Fairview Cemetery

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19 12 Feby 1940 (Date rec'd by registrar) J. P. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14th., 1940, at 1.35P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~19~~ dead, to 19

and that I last saw him ~~alive~~ on 19

Immediate cause of death shock hemorrhage

Due to Amputation of left leg, fracture of it.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION immediate

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2-14-40

Where did injury occur? Route 15 Frederick Co. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 15

Means of injury Automobile Injured at work? no

23. SIGNATURE R. W. Bore M. D. or other

DR. R. W. BORE DEPUTY MEDICAL EXAMINER

Address Frederick, Md. Date signed 2/15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB 26 1940
U. S.

F

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

01935

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5days

Stay in this community (yrs., or mos., or days) 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 366 Madison St.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Maggie Virginia Lightner

3. (b) Social Security Number none

4. Sex: female

5. Color or race: white

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of husband or ~~wife~~ William J. Lightner

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) January 14, 1874

8. AGE: Years 66 | Months 1 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace McKaig, Fred., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Jacob E. Dinterman,
13. Birthplace Fred. Co., Md.

MOTHER
14. Maiden name Unknown - Ketrow
15. Birthplace Unknown

16. Informant Mr. Wm. J. Lightner,
Address 366 Madison St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 2 / 22 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Cem.,
Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. 20-Feb 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 th., 1940, at 7.15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1933, to Feb 20 1940, and that I last saw her alive on Feb 20 1940.

Immediate cause of death 7-15 AM

Lobar Pneumonia

Due to

Due to

Other conditions Diabetes Mellitus
Chr. Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION: 3 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. Lawrence Fahrney MD
M. D. or other
Address Frederick, Md. Date signed 2-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 83-a

Reg. Dist. No. 135

01936

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Rural Myersville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 67 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Rural - Ellerton, Myersville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Lizer

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife: Estie Shepley

6. (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): June 21, 1872

8. AGE: Years 67 | Months 7 | Days 26 | If less than one day: hr. min.

9. Birthplace: Nr Wolfsville Frederick Md
(Town, county, and state)

10. Usual occupation: Retired farmer

11. Industry or business

FATHER
12. Name: Solomon Lizer
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Nancy Kuhn
15. Birthplace: Maryland

16 (a) Informant: Mrs Estie Lizer
(b) Address: Myersville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-40 (month) (day) (year)
(c) Cemetery or crematory U. B. Cemetery
Location Myersville Md

18 (a) Funeral director J. Thos Biddle & Son
(b) Address Myersville, Md.

19 (a) Feb. 20 (Date rec'd by registrar) (b) Charles L. Featherman Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 17 1940 at 10:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1940, to Feb 17 1940, and that I last saw him alive on Feb 17 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Feb 4 1940
Due to:	
Due to:	
Other conditions:	
(Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy: None	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Elmer Hoop M. D. or other
Address Middletown Date signed 2-19-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

92-d

01937

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Fredrick

City or town near Blue Ridge Summit

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Fredrick

City or town Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David Lohman

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	white	single

6 (b) Name of husband or wife none

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE:

Years	Months	Days	If less than one day
75			hrs. min.

9. Birthplace Leitersburg, Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Jacob Lohman

13. Birthplace Leitersburg, Md

MOTHER 14. Maiden name Susan Nye

15. Birthplace Leitersburg, Md.

16. Informant Garfield McClain

Address Blue Ridge Summit

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 24, 1940 (month) (day) (year)

Cemetery or crematory Mountain View Cemetery

Location Emmitsburg, Md.

18. Funeral director S. L. Allison

Address Emmitsburg, Md.

19. 2/24 1940 (Date rec'd by registrar) Chas. E. Shields Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 1940, at 9a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1938, to Feb. 23 1940, and that I last saw him alive on February 16 1940.

Immediate cause of death	DURATION
Endocarditis, Chronic with valvular disease	more than 2 years.
Due to Not known	
Due to " "	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. R. D. Avis M. D. or other

Address Blue Ridge Summit Pa. Date signed 2/23/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (89-A)

CERTIFICATE OF DEATH

01938

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 246 East Third
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 246 East Third
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Amanda Catherine Mahoney

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Francis M. Mahoney
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 30, 1860

8. AGE: Years	Months	Days	If less than one day
79	3	27	____ hrs. ____ min.

9. Birthplace Washington County Maryland
(Town, county, and state)
10. Usual occupation House-work
11. Industry or business At Home

FATHER
12. Name Lawson Ausherman
13. Birthplace Washington County Maryland

MOTHER
14. Maiden name Mary Hoffmaster
15. Birthplace Washington County Maryland

16. Informant Mrs. Luther M. Horine
Address 246 E. 3rd St., Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/29/40 (month) (day) (year)
Cemetery or crematory St. Paul's Lutheran Cemetery
Location Jefferson, Maryland
18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. 29-Feb 1940 (Date rec'd by registrar) J. M. Lewis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27th 1940, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 25 1940, to Feb 26 1940, and that I last saw h[illegible] alive on Feb 25 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	48 hours
Due to Arterio Sclerosis	8 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank H. Hedges M. D. or other
Address Frederick, Maryland Date signed 2-29-40

RECEIVED
MAR 5 1940
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(94a)

Reg. Dist. No. 13

01939

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick City Hospital

(b) City or ~~town~~ Frederick, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City~~ or town Middletown
(If outside city or town limits, write RURAL and give town)

(d) Street No. East Main Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mrs. Mary E. May

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~.
Female	White	—

6 (b) Name of husband or ~~wife~~ George May

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov 1, 1892

8. AGE: Years	Months	Days	If less than one day
47 yrs.	3	0	_____ hr. _____ min.

9. Birthplace Md. (Frederick Co.)
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henson Kepler
13. Birthplace Middletown, Md.

MOTHER
14. Maiden Name Laura Dorsey
15. Birthplace Woodsboro, Md

16 (a) Informant Charles May
(b) Address Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-Feb '40 (Month) (day) (year)

(c) Cemetery or crematory Lutheran Cemetery
Location Middletown

18 (a) Funeral director Gladhill Co.
(b) Address Middletown Md

19 (a) 2-Feb-1940 (Date rec'd by registrar) (b) Isa J. McGinley Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 1 19 40 at 11:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30 19 40, to Feb 1 19 40, and that I last saw him alive on Feb 1 19 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Hypertensive Cardio-	
Due to Vascular Disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard W. Ash M.D.
M. D. or other

Address Frederick, Md Date signed Feb 1, 1940

RECEIVED
MAR 6 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01940

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick,
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days) 1Yr 9Mos 15 Days
Stay in this community (yrs., or mos., or days) 1Yr 9Mos 15 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County:
City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 701 Springfield Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Gertrude M. McCann

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 29 1881

8. AGE: Years	Months	Days	If less than one day
58	5	13	hrs. min.

9. Birthplace: Ohio (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Samuel H. Frank
13. Birthplace: Maryland.

MOTHER — 14. Maiden name: Maria Steffy
15. Birthplace: Penna.

16. Informant: Gertrude M McCann
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 14 1940 (month) (day) (year)
Cemetery or crematory: St Mary's Cem.
Location: Govans, Baltimore. Md.

18. Funeral director: E.A.Wiedefeld
Address: Baltimore, Md.

19. 4a/1940 (Date rec'd by registrar) 19 — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 11 1940, 6.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27 1938 to Feb. 11 1940, and that I last saw her alive on Feb 10 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	13Yrs
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous ulceration of Mucosa of left lower lip (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
none
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture, M.D. (M. D. or other)
Address: State Sanatorium, Md. Date signed 2/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FEB 26 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83a)

01941

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick - Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick County Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 3 Weeks
Stay in this community (yrs., or mos., or days) 65 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City~~ or town Point of Rocks Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Pt. Rocks, Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Carrie Estelle McCoy

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) ~~Single, married~~, widowed, ~~or divorced~~: Widow
6 (b) Name of husband ~~or wife~~: John McCoy
8(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) July 19, 1874

8. AGE: Years 65 | Months 7 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace Point of Rocks-Frederick Co. Md.
(Town, county, and state)
10. Usual occupation House-work
11. Industry or business At Home

FATHER
12. Name Thomas Ingram
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden name Annie French
15. Birthplace Frederick County Maryland

16. Informant Mrs. Wilbur J. Jenkins
Address Camden, N. J.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 2/26/40 (month) (day) (year)
Cemetery or ~~crematory~~ St. Paul's Cemetery
Location Point of Rocks, Maryland

18. Funeral director M. R. Etchison & Son
Address Frederick, Maryland

19. 24-Feby 40 1940 (Date rec'd by registrar) J. M. Cundy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23rd, 1940, at 12:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 2 1940, to Feb 23 1940
and that I last saw her alive on Feb 23 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	4 days
Due to Hypertension	3 yrs +
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Cate of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE B. O. Thomas M. D. or other
Address Frederick, Maryland Date signed 2/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

01942

CERTIFICATE OF DEATH

Reg. Dist. No. 1 21

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 131 E. Fourth St.,

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 65 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 131 E. Fourth St.,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Clara Virginia McDonald

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife: J. Vincent McDonald

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1851

8. AGE: Years	Months	Days	If less than one day
88	6	24	hrs. min.

9. Birthplace Middletown, Fred., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER 12. Name Hezekiah Rourzahn,

13. Birthplace Middletown, Md.

MOTHER 14. Maiden name Elizabeth Ann Bowlus,

15. Birthplace Middletown, Md.

16. Informant Mrs. Maomi Rothenhoefer,

Address Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 / 24 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Olivet Cemetery,

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 23-Feb- 1940 (Date rec'd by registrar) J. M. Lundy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22nd., 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15th 1940 to Feb 22nd 1940, and that I last saw h- alive on Feb 22nd 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	5 days
Due to	
Due to	
Other conditions Acute Bronchitis	10 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Hepp M. D. or other

Address Frederick, Md. Date signed 2-23 1940

RECEIVED
MAR 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-E)

01943

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
County Frederick
City or town Thurmont Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Thurmont Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Catherine Miller

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Calvin C. Miller
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 3 - 1904

8. AGE: Years 35 | Months 9 | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace: Thurmont, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Rose Harris
15. Birthplace: Thurmont Md

16. Informant: Calvin C. Miller
Address: Thurmont Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 21-40 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Thurmont U.B. Cem.

18. Funeral director: M. L. Creager Sons
Address: Thurmont Md

19. Feb. 21- 19 40 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 26" 1939, to Feb 18" 1940, and that I last saw h alive on 2/18" 1940.

	DURATION
Immediate cause of death: Cardiac Thrombosis	2 hrs.
Due to: Cancer Uterus	3 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations
Ot autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Warren A. Bixler M.D.
M. D. or other
Address Thurmont Md Date signed 2/19/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 2 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

01944

Reg. Dist. No. 134

1. PLACE OF DEATH:
County: Fredrick
City or town: near Emmitsburg, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 40 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie Morrier Mitchell

3. (b) Social Security Number: none

4. Sex: Fm
5. Color or race: colored
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Robert Mitchell
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): February 15, 1879
8. AGE: Years: 60 Months: 11 Days: 29 If less than one day: hrs. min.
9. Birthplace: Adams Co, Pa.
(Town, county, and state)
10. Usual occupation: housewife
11. Industry or business
FATHER 12. Name: John Craig
13. Birthplace: Adams Co, Pa.
MOTHER 14. Maiden name: Matilda Butler
15. Birthplace: Fredrick Co, Md
16. Informant: Robert Mitchell
Address: Emmitsburg, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 7, 1940 (month) (day) (year)
Cemetery or crematory: Mt St. Marys Nr Emmitsburg
Location: Emmitsburg, Md.
18. Funeral director: S. L. Allison
Address: Emmitsburg, Md.
19. Feb 6 1940 (Date rec'd by registrar) M. K. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 5 1940, at 12:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936 19 to Feb 5 1940, and that I last saw h[illegible] alive on Feb 5 1940.

	DURATION
Immediate cause of death: Coronary occlusion or rupture —	1 hour
Due to: arterio sclerotic cardio-vascular disease —	several years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. R. Cadle M D
M. D. or other
Address: Emmitsburg Md Date signed 2-5-40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

CERTIFICATE OF DEATH

01945

Reg. Dist. No. 3-14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Fredrick

City or town: Emmitsburg, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 42 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ida Florence Mort

3. (b) Social Security Number: None

4. Sex: Fm

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: John R. Mort

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 4, 1862

8. AGE: Years: 77 | Months: 8 | Days: 28 | If less than one day: hrs. min.

9. Birthplace: Fredrick Co, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: none

FATHER
12. Name: Samuel Young
13. Birthplace: Fredrick Co, Md.

MOTHER
14. Maiden name: Susan Delplain
15. Birthplace: Fredrick Co, Md.

16. Informant: ? Charles F. Mort
Address: Emmitsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 5, 1940 (month) (day) (year)

Cemetery or crematory: Mountain View

Location: Emmitsburg Md.

18. Funeral director: S. L. Allison

Address: Emmitsburg, Md.

19. Feb 4 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 2 1940, at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 1940, to Feb 2 1940, and that I last saw h alive on Feb 2 1940.

	DURATION
Immediate cause of death: cerebral hemorrhage	1 day
Due to: Hypertension & arterio-sclerotic cardio-vascular disease	several years
Due to:	
Other conditions: Diabetes Mellitus	several years

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. F. Radke M. D.
M. D. or other

Address: Emmitsburg Md Date signed: 2-4-40

RECEIVED
MAR 4 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

01946

1. PLACE OF DEATH (16-a) Social Security # 232-10-3832

County Frederick Registration Dist. No. 141

Village or City Knoxville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Edward Moss If U. S. Veteran, specify WAR None

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Virginia Stewart

6. DATE OF BIRTH (month, day, and year) Jan. 13 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bread Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 7, 1940

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Maryland. (State or country)

FATHER

13. NAME John W. Moss

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Sarah M. Lafole

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. Alice V. Moss (Address) Knoxville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Knoxville Md. Date Feb 13, 1940

19. UNDERTAKER C. H. Feaster & Bro. (Address) Brunswick Md.

20. FILED 2-22, 1940 Chas H. L. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1940, to Feb 21, 1940

I last saw h-m alive on Feb 20, 1940; death is said to have occurred on the date stated above, at 7 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Frac. Skull (?)	
from fall	
Other Contributory Causes of Importance:	
Fell on ice getting out of truck	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury Jan 7, 1940

Where did Injury occur? Brunswick Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. On Street

Manner of injury Fell on ice

Nature of Injury Frac. Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas H. Hedges M. D.

(Address) Brunswick Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

MAR 5 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107) Reg. Dist. No. 131

CERTIFICATE OF DEATH

01947

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick, Md. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in this community (yrs., mos., or days) 40 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City~~ or town Mount Airy (If outside city or town limits, write RURAL and give town)
(d) Street No. Hill St. (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mrs. Dorsey Moxley (Mrs. Dorsey)

3 (b) If veteran, name war: None

3 (c) Social Security No. 705-09-1620

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Nettie E. Murphy

6. (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): October 4, 1876

8. **AGE:** Years: 63 | Months: 4 | Days: 7 | If less than one day: _____ hr. _____ min.

9. Birthplace: Clay[illegible]ville, Montgomery, Md. (Town, county, and state)

10. Usual occupation: Track-Foreman

11. Industry or business: Baltimore & Ohio Railroad

FATHER
12. Name: George Moxley
13. Birthplace: Montgomery Co., Md.

MOTHER
14. Maiden Name: Elizabeth Brown
15. Birthplace: Montgomery Co., Md.

16 (a) Informant: Mrs. Nettie Moxley
(b) Address: Mount Airy, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Pine Grove Cemetery
Location: Mount Airy, Maryland

18 (a) Funeral director: M. R. Etchison & Son
(b) Address: Frederick, Maryland

19 (a) 12-Feb-40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death 2/11 1940, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1940, to 2/11 1940
and that I last saw him alive on 2/11 1940.

Immediate cause of death	Duration
Bronchi-Pneumonia	7 days
Due to	
Due to	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** A. Austin Pearre M.D. (M. D. or other)
Address Frederick, Md. Date signed 2/11/40

VS. A15 MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB 24 1940
GUNARD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

01948

Reg. Dist. No. 138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: New Market Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 - 9 - 10

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: New Market (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Betty Lee Murray

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 5 - 1928

8. AGE: Years: 1 | Months: 9 | Days: 10 | If less than one day: ____ hrs. ____ min.

9. Birthplace: New Market Md
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: James Murray
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Johnson
15. Birthplace: Md

16. Informant: Mrs Mary Jr Murray
Address: New Market Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 17 1940 (month) (day) (year)
Cemetery or crematory: Marvin Chapel
Location: Please No 4

18. Funeral director: W. E. Falconer
Address: New Market Md

19. 40 Feb 17 (Date rec'd by registrar) 1940 Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 15, 1940, at 2.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1939 to Feb 15 1940, and that I last saw h[illegible] alive on Feb 13 1940

	DURATION
Immediate cause of death: Broncho pneumonia	10 days
Due to	
Due to: Acute bronchitis	2 mo.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Ernest P. Roop M.D.
M. D. or other
Address: New Market, Md Date signed: Feb 16/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (152) Reg. Dist. No. 131

CERTIFICATE OF DEATH

01949

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick, md (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days) 0

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Carroll
(c) ~~City~~ or town Taneytown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Beulah Myers.

3 (b) If veteran, name war None

3 (c) Social Security No. 217-01-8075

4. Sex Female **5. Color or race** White **6 (a) ~~Single~~, married, ~~widowed, or divorced~~** married

6 (b) Name of husband or ~~wife~~ Floyd O. Myers

6. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1914

8. AGE: Years 25 | Months 5 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace md (Town, county, and state)

10. Usual occupation linen maker

11. Industry or business clothing factory

FATHER
12. Name Ephraim Keeney
13. Birthplace md

MOTHER
14. Maiden Name Margaret Smith
15. Birthplace md

16 (a) Informant Floyd O. Myers
(b) Address Taneytown md

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Feb 15 40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Reformed
Location Taneytown md

18 (a) Funeral director C. O. Smith & Son
(b) Address Taneytown md

19 (a) 14 Feb 40 (Date rec'd by registrar) **(b)** [signature] Registrar

MEDICAL CERTIFICATION

20. Dste of death Feb 12 1940, at 9 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1940, to Feb 12 1940, and that I last saw him alive on Feb 12 1940.

Immediate cause of death	Duration
Septicaemia	
Due to ?	
Due to —	
Other conditions Multiple abscesses & cellulitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations Drainage of abscesses
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature E. P. Thomas M. D. or other

Address Frederick Date signed Feb 13

RECEIVED
MAR 25 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01950

107

CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Thurmont
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Frederick

City or town Thurmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mary Elizabeth Naugle

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19th. 1924

8. AGE: Years 16 | Months I | Days I | If less than one day hrs. min.

9. Birthplace Gettysburg. Pa.
(Town, county, and state)

10. Usual occupation At Home
Invalid since birth

11. Industry or business

FATHER
12. Name Ivan G. Naugle
13. Birthplace Orrtanna. Pa

MOTHER
14. Maiden name Helen Geeselman
15. Birthplace Gettysburg. Pa.

16. Informant Rev. Ivan G. Naugle
Address Thurmont. MD

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Feb. 23rd. 40
(month) (day) (year)

Cemetery or crematory Cemetery (Evergreen)
Location Gettysburg. Pa.

18. Funeral director M. L. Creager & Son.
Address Thurmont. MD

19. Feb. 23- 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20th. 40. 19 6:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 14 1940 to Feb. 20 1940, and that I last saw her alive on Feb. 20 1940

Immediate cause of death Broncho-pneumonia — DURATION 4 days

Due to

Due to

Other conditions Paralysed incident to birth injuries - Instrumental delivery. — Life.
(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H. Gray M. D. or other

Address Thurmont. Md Date signed 2-22-40

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (99)

CERTIFICATE OF DEATH

01951

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick, Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Frederick

City or town: Myersville Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Manzella Palmer

3. (b) Social Security Number: No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife: Josephus Palmer

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 29/1855

8. AGE: Years	Months	Days	If less than one day
84	11	12	hrs. min.

9. Birthplace: Myersville, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Henry Rice

FATHER 13. Birthplace: Myersville Md.

MOTHER 14. Maiden name: Catharine Ambrose

MOTHER 15. Birthplace: Myersville Md.

16. Informant: Mrs Jacob Palmer

Address: Myersville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 13-1940 (month) (day) (year)

Cemetery or crematory: Church Hill Cemetery

Location: Church Hill

18. Funeral director: Gladhill Co.

Address: Middletown, Md.

19. 12-Feb 1940 (Date rec'd by registrar) Dra J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 11 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 10 1940, to Feb 11 1940, and that I last saw h-- alive on Feb. 10 1940.

Immediate cause of death	DURATION
Septicaemia	4 weeks
Due to Thrombosis of left femoral artery	6 weeks
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: B O Thomas M. D. or other

Address: Frederick, Md Date signed: 2/12/40

RECEIVED
MAR 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01952

Reg. Dist. No. 139

1. PLACE OF DEATH:
County Frederick
City or town State Sanatorium
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Md. Tuberculosis Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 11 mo. 7 days
Stay in this community (yrs., or mos., or days) 11 mo. 7 days.

2. USUAL RESIDENCE (HOME) OF DECEASED
(Of newborn infants give residence of mother)
State Maryland County Baltimore
City or town Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Lorraine Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Coast guard - before war

3. (a) FULL NAME John Peterson

3. (b) Social Security Number 213-09-9635

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Anna Peterson
6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1887

8. AGE: Years	Months	Days	If less than one day
52	4	3	hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual occupation Painter
11. Industry or business
FATHER 12. Name Peter Peterson
13. Birthplace Bergen Norway
MOTHER 14. Maiden name Katherine Hines
15. Birthplace Baltimore, Md.
16. Informant John Peterson (deceased)
Address

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory Mt. Auburn
Location
18. Funeral director M. L. Creager & Son
Address Thurmont, Md.
19. 2/24/40 19
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 29 1940, at 11:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22 1939 to Feb. 29 1940
and that I last saw him alive on Feb. 29 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr.
Due to Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. B. Lyon, M. D.
M. D. or other
Address State Sanatorium, Md. Date signed 2/21/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50) Reg. Dist. No. 140

01953

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Woodsboro
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Woodsboro
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Belle Francis Pittinger

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife James H. Pittinger deceased
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24. 1853

8. AGE: Years 86 | Months 5 | Days 27 | If less than one day ——— hr. ——— min.

9. Birthplace near Woodsboro, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER 12. Name John H. Trout
13. Birthplace Fredk Co. Md.

MOTHER 14. Maiden Name Catharine Dorcus
15. Birthplace Md.

16 (a) Informant Mrs. Norman Bohn
(b) Address Woodsboro Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24. 194 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Hope
Location Woodsboro Md.

18 (a) Funeral director Powell & Albaugh
(b) Address Woodsboro Md.

19 (a) Feb 24. 1940 (Date rec'd by registrar) (b) L C Powell Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 21 1940, at 7-10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1936, to Feb. 21 1940, and that I last saw him alive on Feb. 16 1940.

Immediate cause of death ——— Duration about 5 yrs.
Cancer of Left Breast
Due to ———
Due to ———
Other conditions ———
(Include pregnancy within 3 months of death)

Major findings:
Of operations ———
Of autopsy ———

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide, or homicide~~ Fracture Left Hip Joint
(b) Date of occurrence Jan. 1 194
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, ~~on farm, industrial place, in public~~ place? Home (Specify type of place) While at work? No
(e) Means of injury Attempting to Walk to another room

23. Signature C. A. Stultz M. D.
M. D. or other
Address Woodsboro Md. Date signed 2-22-40

VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

01954

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Fredk
City or town Thurmont Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Fredk
City or town Thurmont Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Still Born Pryor

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	W	single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1940

8. AGE: Years 1 Months Days If less than one day ____ hrs. ____ min.

9. Birthplace Thurmont Fredk Co Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Raymond Pryor

13. Birthplace Thurmont Md

MOTHER 14. Maiden name Mary Shaffer

15. Birthplace Thurmont Md

16. Informant Raymond Pryor

Address Thurmont Md

17. Burial Date thereof Feb. 16 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Thurmont (Blue Ridge)

18. Funeral director M. Creager Sons

Address Thurmont Md

19 Feb. 16 1940 Anna M. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1940, at 3.40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Still born 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Dystocia — DURATION

Breech presentation

Due to Grandipara

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Morris A. Bricker M.D.
M. D. or other

Address Thurmont Md Date signed 2/15/40

RECEIVED
MAR 2 1948

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

01955

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Carroll
(c) ~~City~~ or town Taneytown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John woodrow Reaver

3 (b) If veteran, name war: none

3 (c) Social Security No. 216-05-4326

4. Sex: M

5. Color or race: W

6 (a) Single, ~~married~~, widowed, or ~~divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 23 1920

8. AGE: Years 19 | Months 11 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county and state)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Charles B Reaver
13. Birthplace Ind

MOTHER
14. Maiden Name Carrie C Lutteren
15. Birthplace Ind

16 (a) Informant Charles B Reaver
(b) Address Taneytown

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof Feb 22 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Reformed
Location Taneytown Md

18 (a) Funeral director C. O. Fuss & Son
(b) Address Taneytown

19 (a) 21-Feb-1940 (Date rec'd by registrar) (b) Wm J. McSurely Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 19 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1940, to Feb 19 1940, and that I last saw him alive on Feb 19 1940.

Immediate cause of death	Duration
Acute Nephritis	2 wks
Due to — Streptococcic infection of throat complete sore throat	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature E C Thomas
M. D. or other
Address Frederick Md Date signed Feb 19-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (87-b)

Reg. Dist. No. 131

01956

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 1005 Motter Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 22 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Motter Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Naomi Stonesifer Rebert

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex: F
5. Color or race: W
6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of husband ~~or wife~~ G. Nevin Rebert
6. (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) July 23-1890

8. **AGE:** Years 49 | Months 6 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co. Maryland
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home

FATHER
12. Name Austin E. Stonesifer
13. Birthplace Carroll Co. Maryland

MOTHER
14. Maiden Name Matilda Bankert
15. Birthplace ~~Adams~~ Carroll Co. Md.

16 (a) Informant Prof. G. Nevin Rebert
(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2-16-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Carmel
Location Littlestown, Pa.

18 (a) Funeral director C. E. Cline and Son
(b) Address Frederick Md.

19 (a) 15 Feby '40 (Date rec'd by registrar) (b) J. M. Kennedy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 14th 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1938, to Feb 14th 1940 and that I last saw him alive on Feb 13th 1940

Immediate cause of death: Paralysis of Diaphragm — Duration: 10 hours
Due to Neuronitis — 2 years
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H. Hegn M. D. or other
Address Frederick Date signed Feb 13th 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

01957

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 1Yr 1Mo 9Days
Stay in this community (yrs., or mos., or days): 1Yr 1Mo 9Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County:
City or town: Baltimore. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 4000 Hillen Road
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR:

3. (a) FULL NAME: Wanda Katherine Rose

3. (b) Social Security Number: 212-12-5801

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John A. Rose
6(c) If alive, give age: Unknown years
7. Birth date of deceased (mo., day, yr.): November 17 1918
8. AGE: Years: 21 Months: 3 Days: 6 If less than one day: ___ hrs. ___ min.
9. Birthplace: Maryland. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Edward T. Kaminski
13. Birthplace: England
MOTHER 14. Maiden name: Katherine Drapzynski
15. Birthplace: Maryland.
16. Informant: Wanda Katherine Rose
Address: Baltimore. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 26 1940 (month) (day) (year)
Cemetery or crematory: St. Stanislous Cem.
Location: Baltimore. Md.
18. Funeral director: M.L.Creager
Address: Thurmont. Md.
19. Mar 3/1940 19 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 23 1940 P.M. 10.30
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 14 1939, to Feb. 23 1940, and that I last saw her alive on Feb 23 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1Yr 4Mos
Due to Tubercle Bacilli	
Due to	
Other conditions: Tuberculous Enteritis, Tuberculous Laryngitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture, M.D. (M. D. or other)
Address: State Sanatorium, Md. Date signed: 2/26/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

VS. A15 MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-a) Reg. Dist. No. 131

CERTIFICATE OF DEATH

01958

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, ~~hospital, or institution:~~ 119 N. Market St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 71 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 N. Market (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Margaret Reid Sahm 11th

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 25-1868

8. **AGE:** Years 71 | Months 3 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name John Jacob Sahm
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Rebecca Reid Englebrecht
15. Birthplace Frederick Md.

16 (a) Informant Miss Clara Kline
(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2-13-1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Frederick Md

18 (a) Funeral director C. C. Eline Son
(b) Address Frederick Md

19 (a) 13-Feb-1940 (Date rec'd by registrar) (b) Dan'l J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 11th 1940, at 1 P M

21. I certify ~~that~~ death occurred on the date above stated; that I attended deceased from Feb 5th 1940, to Feb 11th 1940
and that I last saw ~~him~~ alive on Feb 11 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to Arteriosclerosis	1 year
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H. Hess M. D. or other

Address Frederick Date signed Feb 13 1940

MAR 2 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-a)

Reg. Dist. No. 131

01959

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Near Frederick - Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick Co. Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in this community (yrs., mos., or days) 79 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or ~~town~~ ~~Near~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 142 W. South St
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Christian Schade

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of ~~husband~~ or wife Clemantine Schade

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 18 - 1860

8. AGE: Years 79 | Months 2 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Md.
(Town, county, and state)

10. Usual occupation Carriage Maker

11. Industry or business

FATHER
12. Name Henry Schade
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant Osborne Schade
(b) Address Frederick Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2 (month) 14 (day) 40 (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Frederick Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick Md.

19 (a) 12 - Feb - 1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feby 11 1940, at 7 15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1940, to Feb 11 1940, and that I last saw him alive on Feb. 11 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	9 days
Due to	
Arteriosclerosis	4 years?
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. B. Thomas
M. D. or other

Address Frederick, Md Date signed 2/12/40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 24 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

01960

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

~~City~~ or town rural Adamstown, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Adamstown, Md. R.D.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Lottie Virginia Sears

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) ~~single~~, married, ~~widowed, or divorced~~
female	white	married

6 (b) Name of ~~husband or wife~~ Ira T. Sears

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) June 12, 1877

8. AGE: Years	Months	Days	If less than one day
62	8	12	____ hrs. ____ min.

9. Birthplace Montgomery Co., Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER 12. Name William Duvall,

FATHER 13. Birthplace Washington Co, Md.

MOTHER 14. Maiden name Milinda Bussard,

MOTHER 15. Birthplace Washnigton, Co., Md.

16. Informant Mr. Willie M. Sears,

Address Adamstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 / 18 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Monocacy Cemetery

Location Beallsville, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19 Feb 16 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15th., 1940, at 3.45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 13 1940 to Feb. 15 1940, and that I last saw her alive on Feb. 15 1940.

	DURATION
Immediate cause of death Peritonitis - acute	2 days
Due to Strangulated Umbilical Hernia	7 hours
Due to	
Other conditions Myocarditis - chronic	yrs.

(Include pregnancy within 3 months of death)

Major findings: Of operations Strangulated Hernia

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank D. Worthington M. D. or other

Address Frederick, Md. Date signed 2/16/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 63f

01961

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Frederick
City or town Middletown Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Middletown Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Eddie Randolph Shafer

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mabel G. Shafer

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1872

8. AGE: Years	Months	Days	If less than one day
67	5	19	hrs. min.

9. Birthplace Middletown, Md.
(Town, county, and state)

10. Usual occupation Farmer (Retired)

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Sarah C. Groff.
15. Birthplace Middletown, Md.

16. Informant Mabel G. Shafer
Address Middletown

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 7, 1940 (month) (day) (year)
Cemetery or crematory Cemetery Reform
Location Middletown

18. Funeral director Gladhill Bros.
Address Middletown, Md.

19 Feb. 7 1940 (Date rec'd by registrar) D. Grayson Samuels Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 4 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 25 1939 to Jan. 6 1940, and that I last saw him alive on Jan. 6 1940.

Immediate cause of death	DURATION
Thyrotoxic heart Disease	15 years
Due to Thyrotoxicosis	15 years
Due to Adenomatous goiter	15 years
Other conditions Benign Prostatic Hypertrophy	3 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Richard H. Todd, M.D.
M. D. or other
Address Middletown, Md. Date signed 2/5/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-a) Reg. Dist. No. 131

01962

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Rural (near Braddock Heights)
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick R. D. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 17 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City or town~~ Rural (near Braddock Heights)
(If outside city or town limits, write RURAL and give town)
(d) Street No. Frederick R. D. 4
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Charles Conrad Shaffer

3 (b) If veteran, name war: None
3 (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Katie M. Crampton Shaffer
6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) October 3, 1881

8. AGE: Years 58 | Months 4 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Rocky Springs, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation Stone Mason (retired)

11. Industry or business

FATHER
12. Name George Shaffer
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Shultz
15. Birthplace Germany

16 (a) Informant Mrs. Charles C. Shaffer
(b) Address Old Braddock, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 28-Feb-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 26 1940, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 22 1940, to Feb 26 1940, and that I last saw him alive on Feb. 26 1940.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 days
Due to: Arteriosclerosis with	
Due to: Hypertension	7 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas
M. D. or other
Address Frederick, Md Date signed 2/28/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-L

01963

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County Frederick.
City or town Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
State Sanatorium.
Stay in hospital or Inst. (yrs., or mos., or days) 2Yrs 5Mos 3Days
Stay in this community (yrs., or mos., or days) 2Yrs 5Mos 3Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Montgomery
City or town Clarksburg. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Belle Soper

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William F. Soper

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 8 1913

8. AGE: Years 26 | Months 9 | Days 3 | If less than one day: hrs. min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Charles Davis

FATHER 13. Birthplace: Ohio

MOTHER 14. Maiden name: Helen M. Lightner

MOTHER 15. Birthplace: Maryland.

16. Informant: Mary Belle Soper

Address: Clarksburg, Mont.Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 14 1940 (month) (day) (year)

Cemetery or crematory: Unknown

Location: Hyattstown. Md.

18. Funeral director: Burdette & Hilton.

Address: Hyattstown, Mont. Co Md.

19. 2/14/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 11 1940, 2.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 8 1937, to Feb 11 1940, and that I last saw her alive on Feb 11 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2Yrs7Mos

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Laryngitis, " Salpingitis
(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE John E Woodfather, M.D.
M. D. or other

Address State Sanatorium, Md. Date signed 2/22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01964

1. PLACE OF DEATH

County Frederick (b)

Village or City Johnsville Route 2 Registration Dist. No. 137

No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph Stately

(a) Residence: No. Same St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None.

6. DATE OF BIRTH (month, day, end year) None

7. AGE — Years: None | Months: | Days: | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Oral P. Stately

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elsie C. Fogle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Oral P. Stately (Address) Woodsboro, Rt 2

18. BURIAL, CREMATION, OR REMOVAL Place Rocky Hill Date Feb 7, 1940

19. UNDERTAKER G. E. Barton (Address) Walkersville Md

20. FILED Feb 7, 1940 W. D. Carpenter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 6 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19; deeth is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Probable embolism	
and uraemia	
around Thyroid	
Had about Two	
Week. When Born	

Other Contributory Causes of importance:

Name of operetion None Date of

Whet test confirmed diegnosis? Was there an autopsy? No

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Murphy M. D.

(Address) Johnsville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 4 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01965

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 2Yrs 1Mo 19Days
Stay in this community (yrs., or mos., or days): 2Yrs 1Mo 19Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Allegany
City or town: Cumberland. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 315 Paca St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Robert L. Teter

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie Teter

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): December 18 1878

8. AGE: Years: 61 Months: 2 Days: 6 If less than one day: ____ hrs. ____ min.

9. Birthplace: West Virginia
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John Teter
13. Birthplace: West Virginia

MOTHER
14. Maiden name: Ruth Lantz
15. Birthplace: West Virginia

16. Informant: Robert L. Teter
Address: Cumberland. Md.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory:
Location:

18. Funeral director: M.L.Creager
Address: Thurmont Md

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 24 1940 at 1.55 A.M. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 1938, to Feb 24 1940, and that I last saw him alive on Feb 23 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	8Yrs
Due to	
Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John E Goodlatte, M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 3/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01966

(159)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 131

~~Village~~ or City Frederick No. 429 Middle Alley St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 23 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Alice Thomas

(a) Residence: No. 429 Middle Ally St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): Jan 25th 1940

7. AGE: Years — Months — Days 23 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick City

FATHER

13. NAME: Carlton Thomas

14. BIRTHPLACE (city or town) (State or country): New Market Md

MOTHER

15. MAIDEN NAME: Viidia Disney

16. BIRTHPLACE (city or town) (State or country): New Market Md

17. INFORMANT (Address): Carlton Thomas 429 Middle Alley Fred

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: New Market Date: Feb 18th, 1940

19. UNDERTAKER (Address): Powell & Albaugh Libertytown

20. FILED 17 Feby, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feby (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, that I attended deceased from Jany 25 1940, to Feby 17, 1940 I last saw her alive on Feby 11, 1940; death is said to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity	

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) H J Stuckes M.D.

(Address) Frederick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01967

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 3 Mos 25 Days

Stay in this community (yrs., or mos., or days): 3 Mos 25 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3155 Keswick Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Julia T. Turbyville

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Herman Turbyville

6(c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): November 11 1902

8. AGE: Years	Months	Days	If less than one day
37	2	21	hrs. min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Ulyses G. Taylor

13. Birthplace: Balto. Co Md.

MOTHER — 14. Maiden name: Effie Bouchman

15. Birthplace: Baltimore. Md.

16. Informant: Julia T. Turbyville

Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 5 1940 (month) (day) (year)

Cemetery or crematory: Moreland Memorial Cem

Location: Baltimore. Md.

18. Funeral director: M.L. Creager

Address: Thurmont. Md.

19. 2/1/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 1 1940, at 9.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 7 1939 to Feb 1 1940, and that I last saw her alive on Feb 1 1940.

Immediate cause of death: Pulmonary tuberculosis

Primary Carcinoma of the lung, with widespread metastases. Hospitalized showed no indication of any tuberculous process. This was not a superimposed neoplasm upon a tuberculous condition. Generalized metastatic squamous cell carcinoma.

DURATION: 5 months

Due to: Tuberculosis bacillus

Due to:

Other conditions: Pleural & peritoneal effusions

Tuberculous ascites

Major findings: Shadow in right lung

Of operation: Metastases in the lungs, pleura, pericardium, peritoneum, retroperitoneal fascia and lymph nodes

Of autopsy: Same as above.

(Include pregnancy within 3 months of death)

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John E. Handpeture M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed: 2/1/40

FEB 21 1940
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

01968

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick

City or town Toms Creek
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Toms Creek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Albert Valentine

3. (b) Social Security Number None

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mary Lucretia Valentine

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1859

8. AGE: Years 80 Months 1 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Elias Valentine
13. Birthplace Maryland

MOTHER
14. Maiden name Maria Wetzel
15. Birthplace Maryland

16. Informant James E. Welty

Address Emmitsburg Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Feb 22 1940
(month) (day) (year)

Cemetery or ~~crematory~~ Keysville

Location Keysville Md Carroll Co

18. Funeral director S. L. Allison

Address Emmitsburg Md.

19. Feb 21 = 1940 M. F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1940, at 5 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Feb. 20 1940, and that I last saw him alive on Feb. 19 1940.

Immediate cause of death Uraemia — DURATION 1 da

Due to Chronic interstitial nephritis. — 2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Roland R Dillon MD
M. D. or other

Address Delour Md. Date signed Feb 20/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01969

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 23 Days
Stay in this community (yrs., or mos., or days): 23 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Washington
City or town: Hancock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Dora M Weaver

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George Weaver
6(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): November 24 1868

8. AGE: Years: 71 Months: 2 Days: 11 If less than one day: hrs. min.

9. Birthplace: Dallas Texas
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: George Martin
13. Birthplace: Texas

MOTHER
14. Maiden name: Helen ----?
15. Birthplace: Texas

16. Informant: Dora M. Weaver
Address: Hancock, Washington Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Unknown (month) (day) (year)
Cemetery or crematory: Tonoloway Baptist Cem.
Location: Fulton CO. Penna.

18. Funeral director: T.P. Jenkins
Address: Hancock. Md.

19. 2/6/40 19 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February. 4 1940, 9.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 12 1940, to Feb 4 1940, and that I last saw her alive on Feb. 4 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 4 Yrs.

Due to: Tubercle Bacilli

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: John E. Goodpasture M. D.
M. D. or other
Address: State Sanatorium, Md. Date signed 2/5/40

Authorization change see see letter filed under Goodpasture in permanent file. 8/17/40.

RECEIVED
MAR 6 1950
BUREAU V. S.

cut

WITHIN CORPORATE

No social security number

01970

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (942)

County Frederick Registration Dist. No. 141

Village or City Near Petersville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Phillip Werking If U. S. Veteran, specify WAR none

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, and year): Feb. 27 1867

7. AGE: Years 72 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. wheelwright

10. Date deceased last worked at this occupation (month and year) 5 yrs

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME E. Phillip Werking

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Henrietta Hoffmann

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Amelia E. Werking Knoxville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Burkittsville Md Date Feb. 22, 1940

19. UNDERTAKER (Address) C. H. Feete & Bro (B. L. Feete) Brunswick Md

20. FILED 2-21, 1941 Mrs H. S. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 20, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1939, to Feb 19, 1940

I last saw him alive on Feb 19, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/20/40
Generalized Arteriosclerosis	

Other Contributory Causes of Importance:

Grippe	2/16/40
Kidney Stone	1926
Senility	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. Talbot Brice M. D.

(Address) Jefferson Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

01971

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 2 Yrs.

Stay in this community (yrs., or mos., or days): 2 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1251 E. North Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Benjamin F. West

3. (b) Social Security Number: 236-12-7805

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 11 1894

8. AGE: Years	Months	Days	If less than one day
45	10	21	hrs. min.

9. Birthplace: North Carolina
(Town, county, and state)

10. Usual occupation: Construction-Worker

11. Industry or business:

FATHER — 12. Name: Clingman West

FATHER — 13. Birthplace: North Carolina

MOTHER — 14. Maiden name: Addie Sellers

MOTHER — 15. Birthplace: North Carolina

16. Informant: Benjamin F. West

Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 11 1940 (month) (day) (year)

Cemetery or crematory: Montevue Cem

Location: Frederick. Co Md.

18. Funeral director: M.L. Creager

Address: Thurmont. Md.

19. 2/1/40 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 1 1940, at 3.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1938 to Feb 1 1940, and that I last saw him alive on Jan 31 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2Yrs 3Mo

Due to: Tubercle Bacilli

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture M.D.
M. D. or other

Address: State Sanatorium Md. Date signed: 2/1/40

RECEIVED
MAR 8 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01972

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick rural R.D.1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick, Md. R.D. 1 I.O.O.F.HOME
Stay in hospital or inst. (yrs., or mos., or days): 6yrs 1 mo.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 729 Ensor St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Charles Wickersham

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 25, 1853

8. AGE: Years	Months	Days	If less than one day
86	1	14	hrs. min.

9. Birthplace: Wilmington, Ohio
(Town, county, and state)

10. Usual occupation: Musician

11. Industry or business

FATHER
12. Name: Thomas Wickersham
13. Birthplace: Wilmongton, Ohio.

MOTHER
14. Maiden name: Rachel H. Hopkins,
15. Birthplace: Kentuckey

16. Informant: Records I.O.O.F. Home,
Address: Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 / 21 / 40 (month) (day) (year)
Cemetery or crematory: Mount Olivet Cemetery
Location: Frederick, Md.

18. Funeral director: M. R. Etchison & Son,
Address: Frederick, Maryland

19. 20-Feb 1940 Dra J. McSurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 19, 1940, at 12.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1, 1940, to Feb 19 1940, and that I last saw h~~e~~ alive on Feb 19 1940.

Immediate cause of death	DURATION
Cerebral Hemmhage	3 wks
Due to Arteriosclerosis	
Due to	
Other conditions Mitral Insufficiency	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations —
Dt autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: A. Austin Peary M. D. or other
Address: Frederick, Md. Date signed 2-20-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

01973

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Lantz (Rural Md)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Md County Frederick
City or town Lantz (Rural Md)
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Howard Franklin Willard

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sarah V. Miller
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7 - 1862

8. AGE:

Years	Months	Days	If less than one day
78	1	17	hrs. min

9. Birthplace Sabillasville Frdk Co. Md
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business Dairy farmer
FATHER 12. Name Lewis Willard
13. Birthplace Frdk Co. Md
MOTHER 14. Maiden name Maranda
15. Birthplace Frdk Co. Md
16. Informant Mrs Milton Lantz
Address Lantz R.D. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb-27-40 (month) (day) (year)
Cemetery or crematory Cemetery
Location Sabillasville Md
18. Funeral director M. F. Creager Sons
Address Thurmont Md
19. 2/26 1940 (Date rec'd by registrar) Chas. E. Shields Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1940, at 9.30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-10- 1930, to 2-24 1940, and that I last saw him alive on 2-9- 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION

Due to — DURATION

Due to — DURATION

Other conditions — DURATION

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. C. Bridges M.D. or other
Address Blue Ridge Summit Date signed 2/26/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01974

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick.
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 3Mos 14Days
Stay in this community (yrs., or mos., or days): 3Mos 14 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County:
City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 62 E. Heath St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alice Effie Williams

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 17 1887

8. AGE: Years	Months	Days	If less than one day
52	6	3	hrs. min.

9. Birthplace: Prince George Co. Md.
(Town, county, and state)
10. Usual occupation: Factory Work
11. Industry or business:

FATHER
12. Name: John H. Williams
13. Birthplace: Charles Co. Md.

MOTHER
14. Maiden name: Sarah Alice Cross
15. Birthplace: Prince George Co. Md.

16. Informant: Alice Effie Williams
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 23 1940 (month) (day) (year)
Cemetery or crematory: St. Paul Cem.
Location: Brandywine. Prince George Co. Md.
18. Funeral director: M.L.Creager
Address: Thurmont. Md.

19. 2/20/1940 (Date rec'd by registrar) Registrar:

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH: February 20 1940, at 4.00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 6 1939, to Feb. 20 1940, and that I last saw her alive on Feb 19 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 23Yrs
Due to: Tubercle Bacilli
Due to:
Other conditions: Hypertensive cardio-vascular disease. Chronic Myocarditis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Funkhouser, M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 2/22/40

FEB 23 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-6)

CERTIFICATE OF DEATH

01975

Reg. Diat. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Thurmont
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Rural Near Sabillasville
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles H. A. Willeard

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Manzella E. McClain
6(c) If alive, give age: 73 years
7. Birth date of deceased (mo., day, yr.): Nov. 9 - 1858
8. AGE: Years 81 Months 3 Days 1 If less than one day ____ hrs. ____ min.
9. Birthplace: Sabillasville Frederick Co. Md (Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business
FATHER 12. Name: Joel S. Willeard
FATHER 13. Birthplace: Sabillasville Md
MOTHER 14. Maiden name: Margaret Coren
MOTHER 15. Birthplace: Thurmont Md
16. Informant: Mrs John Weddle
Address: Thurmont Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 12 - 40 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Blue Ridge Thurmont Md
18. Funeral director: M. F. Creager Thurmont Md
Address: Thurmont Md
19. Feb. 11 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 10 1940, at 7:15 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1940, to Feb. 10 1940, and that I last saw him alive on Feb. 4 1940.

Immediate cause of death	DURATION
Carcinoma of The Stomach	6 Mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James H. Gray DR. JAMES K. GRAY
M. D. or other
Address Thurmont Md. Date signed 2-11-40

FEB 29 1940
BUREAU V. S.

01976

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ rural Nr. Harmony Grove

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick, Md. R.D.3

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ rural Nr. Harmony Grove Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Frederick, Md. R.D.#3

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Leita Grace Wisner

3. (b) Social Security Number none

4. Sex: female

5. Color or race: white

6. (a) ~~Single~~ married, ~~widowed, or divorced~~: married

6 (b) Name of ~~husband or~~ wife Harry L. Wisner, Sr.,

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) March 27, 1886

8. AGE: Years 53 | Months 10 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace Nr. Frederick, Fred., Md. (Town, county, and state)

10. Usual occupation Housewife,

11. Industry or business At home

FATHER: 12. Name Martin Hoke,

13. Birthplace Adams Co., Pa.

MOTHER: 14. Maiden name Amanda S. Strayer,

15. Birthplace York Co., Pa.

16. Informant Mr. Harry L. Wisner, Sr.,

Address Frederick, Md. R. D. 3

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 2/9/40 (month) (day) (year)

Cemetery or ~~crematory~~ Glade Cemetery

Location Near Walkersville, Maryland

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 7-Feby 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6th., 1940, 4.10P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 30 1939, to Feby 6 1940 and that I last saw her alive on Feby 6 1940.

Immediate cause of death Cerebral Hemorrhage

DURATION 3 Dos

Due to

Due to

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Frederick, Md. Date signed 2/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01977

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 225 W. Seventh St.,

Stay in hospital or inst. (yrs., or mos., or days) 20 yrs

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or ~~town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 225 W. Seventh St.,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William David Nicodemus Zimmerman

3. (b) Social Security Number 220-10-5053 Gov't → None

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6 (b) Name of ~~husband~~ or wife Estella Hoffmaster

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1879

8. AGE: Years	Months	Days	If less than one day
60	4	26	____ hrs. ____ min.

9. Birthplace Nr. Jefferson, Fred., Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Tobias Zimmerman,

13. Birthplace Nr. Jefferson, Md.

MOTHER 14. Maiden name Rhudelia Zimmerman,

15. Birthplace Nr. Jefferson, Md.

16. Informant Mrs. Wm. D. N. Zimmerman,

Address Frederick, Md.

17. Burial (Burial, ~~cremation~~, or removal. Which?) Date thereof 2 / 17 / 40 (month) (day) (year)

Cemetery or ~~crematory~~ Mount Olivet Cemetery,

Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son,

Address Frederick, Maryland

19. 2-7-40 (Date rec'd by registrar) 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15th., 1940, at 3.45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/13/40 to 2/15 1940, and that I last saw him alive on 2/13 1940.

Immediate cause of death	Angina pectoris	DURATION
		10 min
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Corilly M. D. or other

Address Frederick, Md. Date signed 2/16/40

RECEIVED
MAR 5 1940
BUREAU V. S.